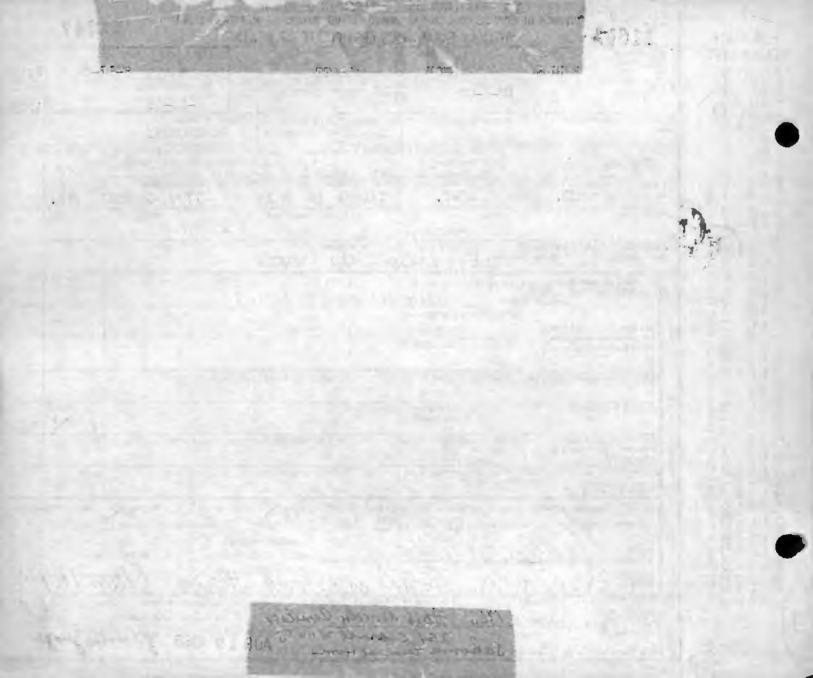
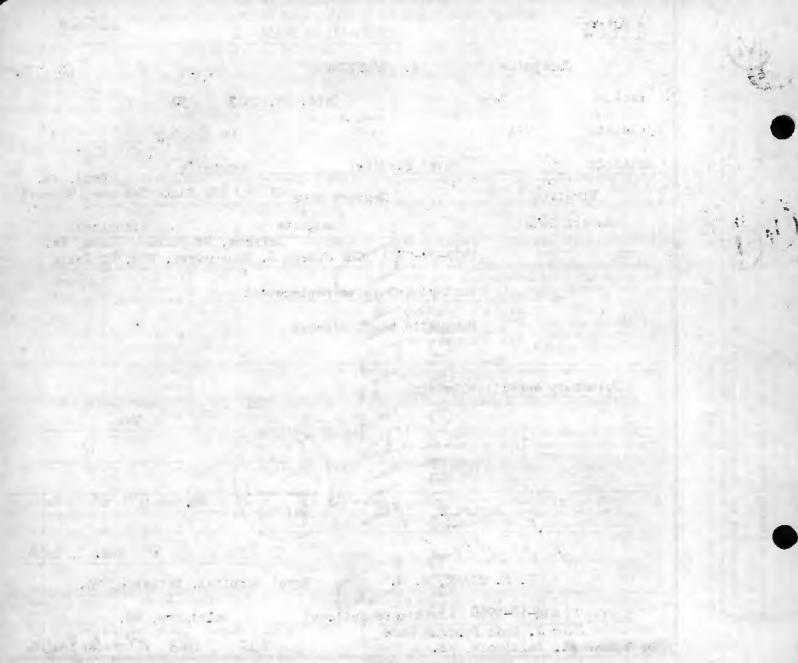
7-4-1	1t	tems 18822a Film 410 MARYLAND STATE DEPARTMENT OF HEALTH -4-69 ams Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	010						
FOR STATE		11643 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	\$47						
HEALTH DEPT.	(DECEASED NAME (Type or Print) EARLE LEON ABBOTT OF ESTI- OF ABBOTT DEARLE STI-							
any delay is 2, and 3 to PM3. Page	3. 5	SEX M 4. RACE S. DATE OF BIRTH 2 6. AGE (In years 1 F UNDER 1 YEAR HOURS 24 HES 2c. DATE PRONOUNCED DEAD WORLD DATS HOURS MIN 801-11-68 DOY	Yeor 9 8:55 M						
2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TNEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTGOMERY	Md.						
24 hours ofter death in Item 18. Give Pages 1, r's. Office along with form of and 2 with the State Deriver the death.	10.	TAYOMS DADY construct address /	KIND OF BUSINESS OR JISTRY						
18. Given 18. Givilla olong with the death.	130.	o. USUAL RESIDENCE (Where deceased lived, it institution: Residence before 13c CITY OR TOWN 13d MISIDE CITY LIMITS? 136. STREET AND NUMBER Odmission) STATE MD. 136. COUNTY MONT. TAKOMA PK YES X NO 7709 CARROLL							
1 them. I them. I so Office	14, 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle ABBOTT NOT AVAILABLE	Lost						
within 24 xomliner's xomliner's ile poges 72 hours		o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or define of service) 577-16-9384 OLD RECORD	-						
be executed wit period in period Excrited Exert Excrited Excrited Excrited Excrited Excrited Exert Excrited Excrited Excrited Excrited Excrited Exert Excrited Excrited Exert Excrited Exert Excrited Exert Exe	bleco	18. CAUSE OF DEATH (Enter only one cause per line for (o) (b) ond (t).) PART I DEATH WAS CAUSED BY. Cardiorespiratory failure, 782.4 DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWILEN DISSET AND DEATH						
This certificate should be executed within 24 hours cate, writing the word, pending in pencil in Item 1 be forwarded to the Chief Medical Exeminer's Office 1 be used as a burial-transit permit. File pages and 2 or remayal, and in any event within 72 hours fiter d	1	Conditions, if any, which gove nse to immediate couse (a), stating the underlying cause last. (b) Etiology undetermined DUE 10, OR AS A CONSEQUENCE OF							
s certificate should e, writing the word forwarded to the Ci to used os o burial-ir emoval, and in any	z	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)							
his certificate, writing to be used or removal,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							
# D V	MEDICAL CER		(1)						
EXAMINER: cute the certi- oge 4 should r your files. Poge 3 should t, cremotion,	MED	21d. INJURY OCCURRED WHILE NOT WHILE OCCUPY, office building, etc.) AT WORK AT WORK 1	ounty State						
TO DEPUTY SICAL necessory, please exemple the funeral director. P 5 may be relained for TO FULL RAL DIRECTOR Health prior to burio		220. I certify that) took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident Suicide Nomicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S MAD ASSISTANT MEDICAL EXAMINER 22b DATE SIGN EXAMINER'S MAME (Type) CL P Appress (Too) (the proposition of the propos	11,196						
VR A15/AE (5)		arthur Walters Jakoma tuncial Home DATE AUG 15 1000 f	0						

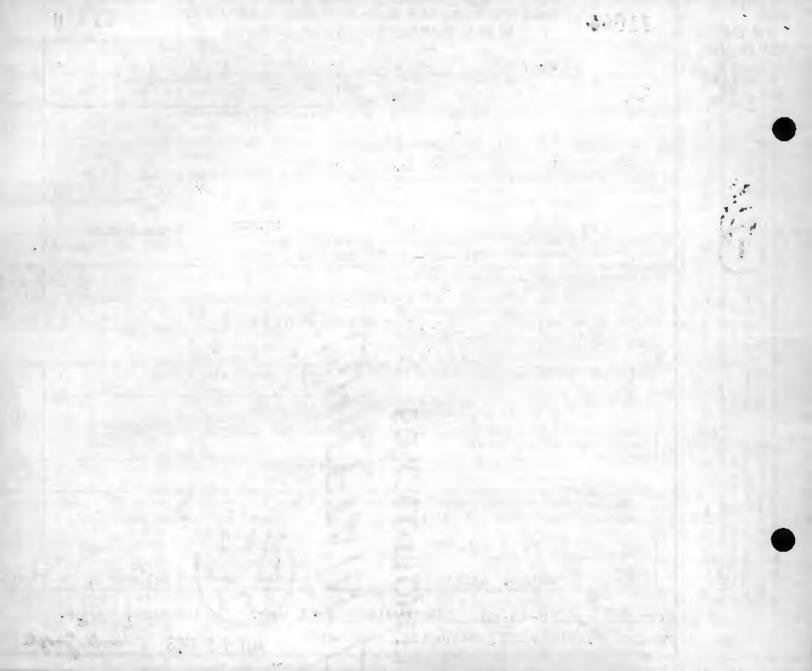


- 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	7.
1	11642 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1648
1.	DECEASED NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) CARL RICHARD ANTHONY DEATH MATED 8-2	Day Year 26 HOUR
3.	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 16 UNDER 14 HRS. 2c. DATE PRONOUNCED DEAD lost birthday) 52 YRS. 4 NOVES MITH BODY 2	2d HOUR 25 Year 19 68 3:5240
	BIRTHPLACE (Stole of foreign 76. CITIZEN OF WHAT COUNTRY? B. MARRIED HEVER MARRIED 9. COUNTY OF DEATH WIDDWED DIVORCED MONTGOMER	y Md.
	Takoma Park 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working high even if refired.) Takoma Park	12b. KIND OF BUSINESS OR INDUSTRY Hotel
	1. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN admission) STATE M1 13b. COUNTY Mont. Takoma P. YES IN NO IN 8700 Barbon S	Street
14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Carl P. Anthony Plumie	last Ruff
	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (IF yes give wor or delete of service) 237-16-3449 818100 Mrs. Helen Anthony To	190 Barron Str. ik. Pk., Md.
	18. CAUSE OF DEATH (Enter only one cause per ling to (a) (b) cast (c)) PART I. DEATH WAS CAUSED BY: IMMICHATE CAUSE (a) DUE 10, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a). Stating the underlying cause (b). DUE 10, OR AS A CONSEQUENCE OF DUE 10, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH COL
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Day, Year HOUR A.M. 19	lem 18.)
MEL	21d. INJURY OCCURRED WHILE AT WORK AN WORK AND	County State
	SIGNATURE AND MEDICAL PARTITION OF THE P	
	EXAMINER'S Belden R. Reap, M.D. Deputy Medical Examiner & Company City.	25/1968
2	g Burial, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) Sural 8-29-68. George Washington Cem. Hightreille ENTER DIRECTOR 250. RECD BY REGISTRAR 25b. REGISTRAR 3	
,U	irver E. Pumphrey, Inc. 8434 Ga. Ave. S.S. Md. DATE AUG 30 1968 gold	when Judge

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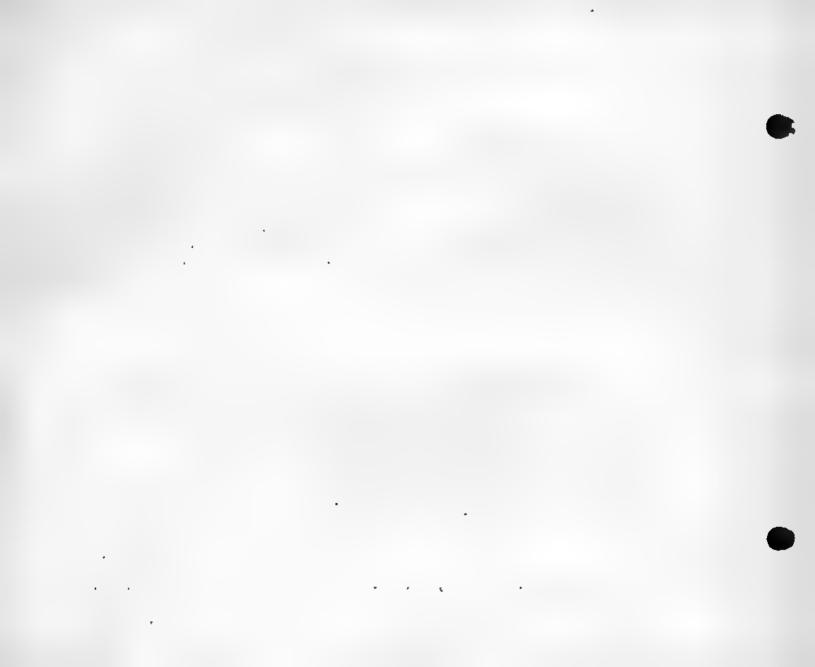
STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11650 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPI 1. DECEASED NAME First Last 20. DATE KNOWN (Type or Print) ESTI Iny deloy is 2, and 3 to Poge DEATH MATED 6. AGE (In years IF UNDER 24 HRS. DATE PRONOUNCED DEAD 2d. HOUR 3. SEX 4. RACE S. DATE OF BIRTH Doy / 8-13-11 1968 5:15M 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MODT 00701 WIDOWED Z DIVORCED [the Stote tem 18. Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LUMITS? 3e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE 136. COUNTY MODITAGINELY 5/00 Dorset A Ve. opt 101 YES NO Office IS MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Middle 30000K Emma Myers within 17. INFORMANT Son Same as Item 13. (Yes, no, or unknown) 14-36-3807 Francis Arnold III APPROXIMATE INTERVAL within This certificate shauld be executed CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) OFTWEEN DWSFT AND OFATH permit the Chief Medical PART I. DEATH WAS CAUSED BY EYSangenation. Juddan IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Sociolem tri Hemorrhage -Conditions, if ony, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse cute + Chronic Alcoholism. 1/2215 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/o) removal. 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO PO the certificate. YES T 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HDW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hem 18.) 3 shauld PRIMARY OR CONTRIBUTING EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy ... Inspection X Inquiry X and in my opinion death resulted fram: Notural causes Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** moy be re 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE 90 09 11,1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy 70 FUNE Realth ADDRESS(Street, city, town, or county) Bethesda, Marylan d JOHN G. BALL NAME (Type) 230 BURIAL CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) ((county) REMOVAL (Specify) Cem. Gettysburg Natl Gettysburg. Penna. Burlal ADDRESS 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland VR ATSME (5) KOM REV 1768



VR A15 (4) 30M REV. 1/68 24. FUNERAL DIRECTOR KOYS. SUPERAL ADDRESS ADDRESS LOSO. RECD BY REGISTRAR 256, REGISTRAR'S SIGNATURE GIFFIN FUNERAL ADDRESS A

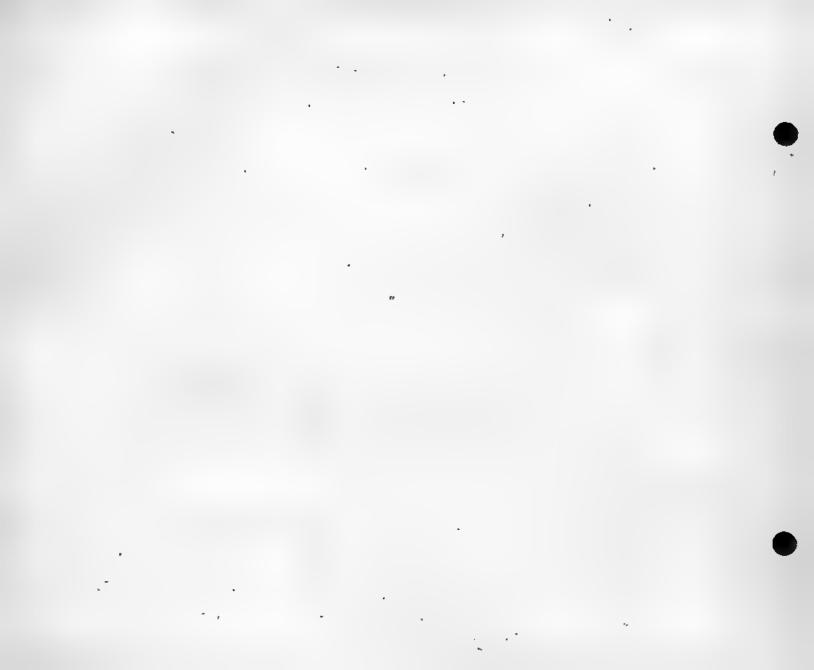
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taun	North	Caroli	neus of A	MIDOWED		Mont	gomery			Md.
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_	18 CAUSE OF DEAT	M (Enter only	ane cause per line far (a), (b), a	nd (c).)		,				HATE INTERVAL HOR AND OBATH
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3	on commisuming [HOUR A.M. Manth Day							
ME	2 d IN. JRY OCCUR! While Not while	RED 210 PL	ACE OF INJURY (A. HOME JARM IT OFFICE BUILDING, ET	TET FACTORY) 2 + E			or fown		County	State
	22a L certify th	of (P) (this	hospitol) attended the de	ceased FemAl	ig. 10	19 <u>68</u> to 1	Aug. 19	[9]	<u>68</u> , that	N) we) lost
	saw the de	v o bezoes	(d) (we) (did) (did/ckp/view	the body ofter	d that in (MA) (our	opinion death	occurred on	the da	te and hour o	and from the
	22b. SIGNATURE	7	O twel four to book by wen	-A 1d a	de .			72c [DATE SIGNEO	
	hte	- 6.	Bruker	V DEC	REE PHYS	MED DIRECTOR	PHYS X		g. 19,	1968
	22d PHYSIC ANS			V	22e ADDRESS					
	MAME Type	John	W. BRACKETT, J	R, MD.	Naval H	ospital,	7 20 000		Md.	
230	BUR AL (REMATION	23b OA		E OF CEMETERY OF			ON (City or Tow		(County)	(State)
	BUTP&Perty)	N87	72.48 Arli	ngton Na	tional Ceme	tery Arl	ington,	Vir	ginia	
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10	,	1		MARYLAND DIVISION OF VITAL RECORDS, 3) STATE DEPARTMENT OF 101 W. PRESTON STREET, BAI		10= /
Rad-		1	11648		ERTIFICATE OF DEATH		1054
	eral and 2 beath		ECEASED NAME First Type or printy	Middle Middle	BAIZEN	20. DATE OF DEATH CLUC Month & Doy	YBOTES 7-13 PM
	s after s	3 5	FENME	4 RACE White Le	S DATE OF BIRTH	20 6 AGE (In years last birthday) 47 YRS.	IF UNDER YEAR IF UNDER 24 MRS MINN.
•	4 haur 1 in by 2 hour		B RTHPLACE (State or taleign	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH	Ald.
	within 24 leby filted is bdin paper with n 72		city or TOWN OF DEATH Silver Sprine	Give speed aggreet P J A		UAL OCCUPATION Kind of work dane mast at working life even it retired.) Housewife	12b KIND OF BUSINESS OR NOUSTRY
	ecuted v complete ave cort		JSJAL RESIDENCE (Where deceo	134 COUNTY	3c CITY OR TOWN 3c INSIDE CIT SilverSprin ^{FE} S X		est Highway
	and composerve	14.	FATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Cohen
	oute be	16.0	Benja WAS DECEASED EVER NUS AR	amin Wars Med Forces? 1766 SOCIAL SECURITY NO		Selma	Conen
	ilited and a second	100	(es, na, ocupknawn) (if yes give:	579-34-9	141 - 11-	RD.	
	PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the haspital an attending physician. This certificate has been signed by the attending physical and completely filted in by the function that service is the burial transit permit. Then please certain corban papers (Portion and Soptial Health prior to burial cremation, ar removal and in any event, within 72 hours after death		PART I DEATH WAS CAUSE	ATE CAUSE (o, PHATASTATT	C CARCINOMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	the of		Conditions if any which gave		DARY BREAST CA	ARCINOMA	
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	The taw r r attending has been se as the th prior to	CERTIFICAT		CONDITION FOR WHICH OPERATION WAS PER	YES X NO		
	CIAN: Ital ar ficate for	MEDICAL CE	210 ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF DEA OF either not y medical exam	ITH HOUR A.M. Manth Day Year	2), HOW INJURY OCCURRED (En	ter nature of injury in Part 1 or Port 2 (tem 18.)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The taw requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this cert finate has been signed by director page 3 should be detached for use as the burral transhauld be filed with the State Dept of Health prior to burral creases.	DEM.	2 d NURY OCCURRED 21e	PLACE OF INJURY (AT HOME FARM, STREET FACTION OF RE BUILDING, ETC.	21f, LOCATION Street or R.F.D.		County State
	MDING of by 11 After of 5e d	ı	22a. I certify that (I) (the saw the deceased a	nis hospital) attended the deceased by very many (d.d.) (diagraph view the b	from <u>1965</u> , 19 68, ond that in (my) (our) o	pinion death accurred on the data	b b that (1) (we) last te and hour and from the
	ATTE TOR TOR The th	н	causes stated abov	e, (i) (we) (d.d) (did not) view the b	ody after death.		DATE SIGNED
	be re DIREC DIREC	П	1514	ieco Krame	DEGREE ATTENDING PHYS	MED STAFF DIRECTOR PHYS	8-5-68
	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director page 3 should should be filed with the	L	22d. PHYSICIAN'S RO	BERT KRAME	K MD 84	184 164ST.	83/1d
	Poge Poge FUR direct	.234	DCHOVAL /Specific		emetery or crematory anon Mem. Park	23d LOCATION City or Town, HYattsvil	(County) Store
	2	24	FUNERAL DIRECTOR	ADDR5S6	01 14+ C+ 2501 RECE	BY REGISTRAR ZSb REGISTRAR'S	S GNATURE A
	30HA REV	%	Bernaid Danz	ansky & Sons. Wa	shington D DATE	UG 9 1968 yello	reles judges

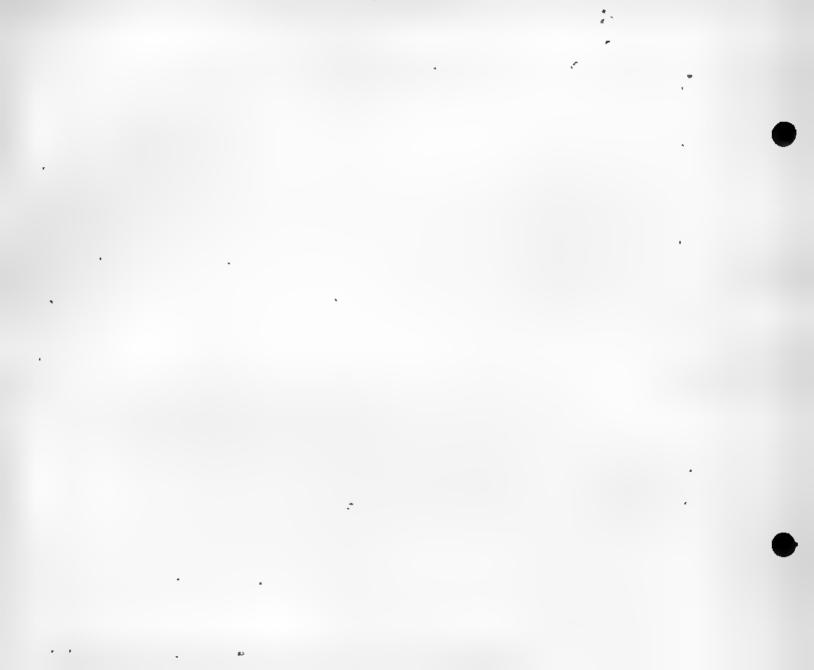


MAKTLAND STATE DEPAKTMENT OF MEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11651 11657 CERTIFICATE OF DEATH DECEASED NAME First Middle 20 DATE OF DEATH 2b HOUR within 24 hours after death (Type or print) MARIA 3 SEX 4. RACE 5. DATE OF BIRTH stely filled in by the to leose remove corbon popers. Pages In 6 AGE fin veors IF JHDER YEAR MCINIDA I temale Zo. BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH B. MARRIED W NEVER MARRIED WIDOWED [77] DIVORCED 120 USUA, DCCUPATION Kind of work done TO CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION I fine in hospital 126 K NO OF BUSINESS OR during most of working life even fretried.) DRING own home 130. USUAL RESIDENCE (Where deceosed freet it institut on Residence before odmission) STATE 13b COUNTY 13a. STREET AND NUMBER pa maxa 4. FATHER'S NAME IS. MOTHER S MA DEN NAME First Middle requires that the death cert ficale by 7 INFORMANT burial, cremation, or removal 18. CAUSE OF DEATH Enter only one couse per line for a). (b) and ci.,
PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Deate muscardias, Anhanction DUE TO, OR AS A CONSEQUENCE OF Conditions flany which gave) (b) Negenterowe & Intercorps inter. bona transit rise to immediate couse ou DUE TO, OR AS A CONSEQUENCE OF DIMERSE Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been a gned by storing the underlying couse; PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLENCE TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (6) should be detached for use as the with the State Dept of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT FYING 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🔀 HO [210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Hem 18.) 2'b. TIME OF NURY JOS CONTRIBUTING (] CAUSE OF DEATH

(If either, notify medical examiner) HOUR A.M. Month Doy Year 21e PLACE OF NURY (A HOME FAME JIRET FACTORY.) 21t LOCATION Street or R.F.D. No. 21d IN JRY OCCURRED City or Town County State White Het white of work 22a & certify that (1) (this haspital) attended the deceased from the sow the deceased of ve an 1965, and that in (my) (our) opinion death accurred an the date and hour and from the couses stated above (I) (we) (did) (did not) view the body after death 22h SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR director, page 3 should be filed v Bernard a. Necloman, M. D. DEGREE 22e. ADDRESS 22d. PHYSICIAN S HAME (Typo) Bernard A. Heckman Eastern Avenue. Sil. Spr. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE ((ounty) (Stote) 230 BURIAL CREMATION. 30.1968 Gate of Heaven Cemetery Monta 25b REGISTRAR S SIGNATURE 250 REC'D BY REGISTRAR · ilon Carter Pumphrey. Inc. 8434 Ga. Ave. Sil. Spr. Md. DATE AHG 3 A



	MARYLAND STATE DEPARTMENT OF HEALTH 11652 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	
deord 2	DECEASED NAME First Middle Last 20. DATE OF DEATH	58 26 HOLR 10 68 6:32 JE
Softer Softer	Male White 4/9/1094	YEAR IN UNDER 24 HRS DAYS HOURS MIN
celements be executed within 24 hours after physician and completely filed in by the it her pieces remove carbon papers. Pages movel, and in any event with n72 hours often	70 B RYMPLACE State of foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARR ED 9 COUNTY OF DEATH WHOOWED D YORCED MONTGOMERY	Wd
₹ £25 € €	Silver Spring give slieef oddless) Holy Cross Hosp during most of working life even trebied. Wolder Wolder	ND OF BUSINESS OR
e executed with and completely remove carbon on any event w	13a. JSUAL RESIDENCE (Where deceosed lived it institution, Residence before 13r CITY OR TOWN 3d institution in 3e STREET AND NUMBER adminission) STATE Maryland 13b COUNTY Montgomery Rockville YES NO 14000 London Lan 14. FATHER 5 NAME First Middle Lost 15 MOTHER 5 MALDEN NAME First Middle	
that the deoth celiments be executed to the attending physician and tomplet transit permit. Then please remove car cremation, ar removal, and in any event.	14. FATHER'S NAME First Middle Lost Is MOTHER'S MAJOUN NAME FIRST Middle Christian Bausch Rosa Reichart 160. WAS DECEASED EVER IN US ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address	Lost
her pie	Yes, no ocupyinown; (H was give wax or dollar of service) 579-30-8010 Mrs Marguerite L. Bausch-Item # 13	PPRDXIMATE ENTERNA
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Carcinomologic Z	L CONC.
equires that the deat physician signed by the attend buriol-transit permit bund cremation, and	Conditions, if any which gave in the underlying cause (a), b) Status the underlying cause (b), but 10, OR AS A CONSEQUENCE OF	
physica physica signed bundent	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DREONDITION GIVEN IN PART 1,0)	mos.
N- the law requires the or attending physicion of the hos been signed by r use as the buriol-tro selfth prior to buriol cre	16 2 / 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
or ath	21a. ACCIDENT WAS UNDERLYING 12 & TIME OF NIURY 21c HOW NURY OCCURRED (Enter opture of injury to Part 1 at Part 2 I Iem 18)	
OR ATTENDING ENYSICIAN- The law requires that the deoth be retained by the hospita or attending physician DIRECTOR- After this certificate has been signed by the attending is 3 should be detached for use as the bund-transit permitted with the Stote Dept of Health prior to bund cremation, are	[If either notify medical exposurer] P.M. 19 2.d. INJURY O.CURRED 2.e. PLACE OF INJURY (AT HOME, FARM TREET FACTORY.) 27F LOCATION Street or R.F.D. No. (If you Town County)	State
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ATTEN **ATTEN **Partition **	causes stated above (1) (we) (did) (did) not) view the body after death 225 SIGNATURE. 22. DATE SIGNAT	
TAL OR DON DE CAL DIR	22d PHYSICAN'S A.W.SMITH DEGREE PHYS 22e ADDRESS / 30/8 GF ORG-14 AVE NAME (Typo) A.W.SMITH	20906
TO HOSPITAL OR ATTENDING ENYSICIAN: The law re Poge 4 may be retained by the hospita or attending TO FUNERAL DIRECTOR. After this cert ficote has been director, page 3 should be detached for use as the should be filed with the Stote Dept of Health prior to	236 B RIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Yown (County REMOVALISM) 8/9/68 Gate of Heaven Silver Spring, Maryl	(State)
VR AIS (4)	Tyson wheeler Funeral Home-1331 Rockville Pike Rockville Maryland DATE AUG 8. 1968 Constant Rockville	£
1.73		<i>//</i>



1		MARYLAND STATE DEPARTMENT OF HEALTH 11653 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	259
HEALTH DEPT.		DECEASED HAME Fist Middle Lost 20 DATE KNOWN Month D	Ooy Yeor 26 H7 J8
delay s and 3 to M3 Poge iment of	3 \$	TOUR SENT SENT SENT SENT DEATH MAT DE ANY SENT SENT SENT SENT SENT SENT SENT SENT	2d HOLR
ny della	-	Male white Drail 1920 47 YRS MONTHS ONTS HOURS MIN MORTHS DOY 9 B RTHPLACE (Store or Toreign To CT ZEN OF WHAT COUNTRY) B MARR ED CALVER MARRIED 9 COUNTY OF DEATH (Yeor 1968 2 A M
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offer 8 G v olong with, t		LSLA. RE. DENCE (Where deleased ved , notice on Residence be are 131 CITY OR TOWN 30 INCIDENT 138 STREET AND NUMBER OF THE VIRGINIA & COUNTY arlungton . ar incidence of the county of the county arlungton.	Street C
w thin 24 hours of pendi in Item 18 xanueses Office of pendi was effected by 72 hours effer de	4 1	FATHER'S MAME FIR. Middle Last Is MOTHER'S MAIDEN NAME Fist Middle	Lost
2 5	160.	HOTOLAT. BEN ELIZABETH DM WAS DELEASED EVER IN , S ARMED FORCES? 1.66 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 220	
Example of Party of P		229-14-164/Wife (Elizabeth Bent Fail)	
	1	B CAUSE OF DEATH (Enter only one rouse per line for a _b, and c) PART DEATH WAS (AUSED BY Transection spinal cord, cervical	SUCIDED.
e execut pending ef Medic sst perm		S / C DUE TO, OR AS A CONSEQUENCE OF	102.4411.
d be extrd pend (Chief Me transit po		Conditions, if only, which gove tise to mined o a cause (a) [b] fracture, vertebrae, cervical	
should e ward the Ch urial-tra		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) automobile accident	
This certificate should be executed cate writing the word pending in be forwarded to the Chief Medical Eisbe used as a burial transit permit for temoval, and in any event within	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10	
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This factor of the formal of t	ERTHE	2 a EXTERNAL CAUSE WAS 2 b T ME OF NUMRY Manth, Day Year 2 to HOW NUMRY OCCURRED (Enter nature of Injury in Part 1 or Part 2 term	AE2 WO
# 등 물	MED.CAL	CAUSE OF LEATH 12 PM AU 9 9 19 68 Lost control of con-run ff-road. C	
EXAMINER: cute the certiage 4 should r your files Page 3 shoul I, cremation	M	2 d MUURY OCCURRED 2 e PLACE OF IN-URY A home form street 214 LOLATION Street or R.F.D. No. City of Town foctory office building, atc.) AT WORK AT WO	Montjoney Md.
		22a it certify that I took charge of the remains described above held an Autopsy 🔀, Inspection 🔼, Inquity 🔀,	ond in my apinion
bical drector drector etamed f DIRECTO		death resulted from Natural causes Academt Suicide , Homicide , Undetermined manner)
		ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	SNED
O DEPUTY necessory, the finerol 5 may be i 0 FUNERAL		EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, fown, or county)	9,1968.
TO DEPU necesso the fun 5 may TO FUNE	230		Caunty, State,
		FUNERAL DIRECTOR TO SELECTION ADDRESS. 1 250 RECTOR 250 RECISIRAR SIG	n R
VP A SME ON TO	C.	Mitecens Av Landa Va. Dare AUG 15 1968 Clion	la Judge
	-		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11654 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED NAME First Middle 26 HOUR (Type or point) 3 5EX DATE OF BIRTH 6 AGE (In veors IF JNDER ! YEAR lost buthday; MONTHS 24.75 HOURS requires that the death-certificate be executed within 24 hours aff COUNTY OF DEATH 70 BIRTHPLAN 76. CITIZEN OF WHAT COUNTRY'S 8. MARRIED country WIDOWED TH DIVORCED fe led a HOSP TAL OR INST TETION. I not in hospital 126 USUA, OCCUPATION (Kind of 10 CITY OR TOWN OF DEAT NO OF RUSINESS OR during most of and campletely finemore carban event, will 13a INS:DE CUTY LIMITS? 13d USUAL RESIDENCE (Where deceased lived if institution: 134 STREET AND NUMBER 13b COUNTY 6 STATE YES G in any 4 FATHER'S NAME Middle MA DEN NAME First Lası Unknown Unknown e05e 160 WAS DECEASED EVER IN . S. ARMED FORCES? TABLISOCIAL SECURITY NO 17 NEORMANT 066-05-360 physi .8 CAUSE OF DEATH Enter only one couse per 27 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IN cremation, Conditions if any which gave Mansil rise to immediate cause (a) DUE TO OR stating the underlying cause LATED TO THE TERM MAL DISEASE OR CONDITION GIVEN IN PART 1.0) 19a. DATE OF OPERATION 20o AUTOPSY? 206 F YES WERE FINDINGS CONSIDERED IN CERTIFYING 195 CONDITION FOR WHICH OPERATION WAS PERFORMED S CAUSES OF DEATH? NO Z YES 🖂 for use Health ficate 2 o. ACCIDENT WAS UNDERLYING 2 t HOW INJURY OCCURRED (Enter nature of injury in Port F or Port 2 Hem 18.) 216. TIME OF INCURY TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year If either notify med cor examiner) detached 218 PLACE OF INJURY (A" NOME ARM STREET FACTORY) 2 & LOCATION STREET OF R.E.D. No. 2 d MURY OCCURRED City or Town County State White Not white of work O FUNERAL DIRECTOR: After 22a I certify that (I) (this hecental) attended the deceased from sow the deceased alive on the 19 6 Sand that in (my) (and approximate death accurred on the date and hour and from the causes stated above (i) (wa) (did) (aid not) view the bady after death 226_SIGNATURE MED DIRECTOR DEGREE director po should be t NAME (Type 23d LOCATION ICHY of Town 23. NAME OF CEMETERY OR CREMATORY 230 BUP A. CREMATION 23b DATE State1 Bur-Iransit Brooklyn, New York 8/6/68 Holy Cross Funeral Home-1331 Rockville Pike 250 REC'D BY REGISTRAR VR A15 [4] 30M REV 1:68 DATE Rockville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



1 10	1-	MARYLAND STATE DEPARTMENT OF HEALTH	
A" NJ	Г	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1001
FOR STATE		11000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 01
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I with in 24 in pent I in Examiner's File pages 7.72 hours	160	WAS DE CEASED EVER NUS ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	4.4.1 E18.45
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with percent Exami	F		APPROXIMA IN RVA
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be exe pend hef Me unsit pe		Conditions it any which gove) Due TO, OR AS A CONSEQUENCE OF Conditions it any which gove) Corollery thrombosis, old and acute	sudden
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	CERTIFICAT	210 EXT RNA, CAUSE WAS 216 T ME OF NURY Month, Day Year 21c. HOW INTURY OCCURRED (Enter nature at injury in Part 1 or Part 2 tem	
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INER: 1h ce certificat shauld be files 3 shauld be	MEDICAL	CAUSE OF DEATH P.M. 19 2 d IN URY OCCURRED 2 e PLACE OF IN URY 14th home, form street, 211 OCATION Street at RFD No. Chr a Town	(aunty State
XAMINER: ute the certi ge 4 shauld your files Page 3 shau crematian.		where we would be story office building, etc.)	2.014
L EX/ ecute Page or you of, cr		AT WIGHT A WHOW TA WHOM THE WHOM TA WHOM THE WHOM TA W	
₹ % ∪ * ₽ ∀		220. I certify that I took charge of the remains described above held on Autopsy [2], Inspection [2], Inquiry	ond in my op non
ease e director director of to bu		death resulted from Notural couses 🔀, Accident 🔲, Suicide 🔲 Hamicide 🔲, Undetermined manner 🗋	_
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Λ	78	FUN RA. DIRECTOR JOSEPH 1250 REGISTRAR 1250 REGISTR	0. /
VR A SMB (C)	17	Bux Dee France Home Bolto Mel DATE AUG 29 1988 yolion	
JM REV LAT .			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11656 CERTIFICATE OF DEATH **GECLASED NAME** First Middle Lost 2a. DATE OF DEATH 25 HOUR (Type or pant) Emily Bienia S DATE OF BIRTH IN JAIDER YEAR SEX 4. RACE 6 AGE [in years IF UNDER TO HRS tast birthday) March 4. 1916 Chite Gemale within 72 hours To BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. C FIZEN OF WHAT COUNTRY? MARRIED INEVER MARRIED Montgomery Leveland Chio DIVORCED 10 CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUTION, I not in hospital 20 JSJAL OCCUPATION (Kind of work done 25 KIND OF BUSINESS OR law requires that the death certificate be executed within during regist of working ate even it retired NOUSTRY Silver String Road Own Home 130 USUA, RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 1109 Janley Road ar removal, and in any 4. FATHER'S NAME S MOTHER'S MAIDEN NAME FIRST Middle LOST Guzik Louise Starnerak Joseph Address Silver Spring 160. WAS DECEASED EVER N US ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT Husband Yes, no or unknown. Danley Poad Bienia 270-00-5422 APPROXIMATE INTERVAL 8. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (,) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) permit, Total Genu DUE TO, OR AS A CONSEQUENCE OF 22 mg Conditions, hone which gove to burial-transit nse to immed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? After this certificate has YES 🗌 NO 🕝 for use Health 21c HOW (NJURY OCCURRED (Enter nature of anjury in Part 1 or Port 2, Itam 18.) 21g. ACCIDENT WAS UNDERLYING 216. TIME OF NURY TO DE CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (II either, notify medical examiner) 2 to PLACE OF INJURY (AT HOME FARM STREET HACTORY) 21 COCATION Street or R.F.D. No. 2 d INJJRY OCCURRED City or Town County Stote White Not white of work 220 I certify that (1) (this hosp tol) attended the deceased from the sow the deceased alive on 19 ond that in (my) (our) opinion death occurred on the date and hour and from the 19 46 couses stated above, (1) (we) (d d) (did not) view the body after death TO FUNERAL DIRECTOR: 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR director, page should be filled 22e. ADDRESS PHYSICIAN'S NAME (Type SILVER SPRINS 217 UNIV BLUD 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town, (Stole) 230 BURIAL CREMATION 236 DATE SEMOVAL Spe ify) Gate of Ideauen Cemetery Sil ADDRESS 81134 Ga. Hue 250 RECO BY REGISTRAR Silver Spring Sity. 256. REGISTRAR > SIGNATUR VR A 5 4 AUG 9 Pumphrey Inc. Silver Spring, Mid.



15.1	11657 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
*					CERTIFIC	ATE OF D	EATH_				1,11
\$ (N)	1 DECEASED NA , lype or prii			Middle	Bis	losi 795		2a. DATE OF E	Month Dr	1968 Year	26 HOUR 11'35 PM
	3 SEX MA		4 RACE	hite		S DATE OF BRE		1 4 4	6 AGE in years lost birthday) YRS	IF JADER YEAR MON HS DAYS	# UNDER 24 HRS
n 24 haurs affer ified in by the papers Pages 1 in 72 hours after	To. BIRTHPLACE country,	(State or foreign D. C.	76. CT ZEN OF W		8 MARR ED WIDOWED	MEVER MARRI	ED [Mony	gomery	,	Md.
within 24 haur	Takon	6	aive	MAME OF HOSPITAL OR I es eel oddress しころかけり toり	an 1	1	Za uSuAc during mos	OCCUPATION (Kind of work dane to even it retired)	26 KIND OF NOUSTRY	BUSINESS OR
orplete we cort	130 US JAL RES Odmission) ST	IDENCE (Where deced	sed lived, it inshits	Menticipe	e 3c CTY OR	TOWN 1	M INSIDE CITY LIME YES MO [TSP 3e STRI	eet and number 7- Second		
ote be executed can and cample for any event	M. FATHER'S N	AME First John	Middle Wi	B1995	(MOTHERS MAIL	DEN MAME FIRS		ornig		1-05†
n certificate be execution on physician and catal	16a. WAS DECE Yes no priy	ASED EVER N U.S. AR nkngyen) (If yes gree	MED FORCES?	577-22	YNO 17 1 2-1912 Mr	HEORMANT S. Maggie	e C. B.9	95	Address Silver Spi		
ath cer nd ng p t The	B CAUS	. DEATH WAS CAUS	IN AND COUSE POR TELEPORT TO THE CAUSE (a)	fine for (0), (b) and ,		-dia	Infa	retion	}	BETW _A C	MATE AT (RVA) MSET AND DEATH
regures that the death certificate be executed physican. I signed by the attending physican and cample burial transit permit. Then please remave to bur at cremation, or remaval and in any even.		s, if any which gove	DUE TO OR	AS A CONSEQUENCE O	of Ar	terios	cleros	15		1/2	yrs
as that sic an. ed by th al trans		nmed ate couse (a) he underlying cause 20/		AS A CONSEQUENCE O							7
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YSICIAN: certicate med for pt of Heal	₹a.com	DENT WAS UNDERLY BIBLING (AUSE OF DE BOTHY MEDICAL EXOTE	ATH HOUR A.M.	. Month Day Yes		OW INJURY OCCU	RREO (Enter i	noture of injury	in Part 1 or Part 2	, Hem IB.)	
iNG PHYSICIAN: by the hospital ar ffer this certificate be detached for " state Dept af Heal	2 d IN K	RY OCCURRED 210	. PLACE OF INJURY	(AT HOME FARM STREET) OFFICE BUILDING, ETC.		OCATION Street			or Town	County	State
물급 작 ㅠ %	22a. 1 a	certify that (I) (#	his hospital) of alive on re. (i) (we) (did	ttended the deced Lug 31 (didnet) view th	osed from 4 1945, an	asg 23 d that in (my death) (ou r) op n	ion death of	ccurred on the c	10te and hour	(I) (we) last and fram the
OR ATT De retail HRECTO e 3 sha	22b. SIGN	ATURE /	awrence		M.D. DEGI		MEI DIR	D. RECTOR	STAFF D a	DATE SIGNED	968
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld should be filed with the		E (Type JOHA	LAWR		ERY_		Georgia			pring, 1	nd.
TO HO: Page TO FUN direct shoul	BURI	(Specify)	DATE 7/4/68	CEDA	F CEMETERY OR	- CEME	TERY	Su	TLENDS	P.G.	MD.
OOM REV	JOSEPH	HEGGER 1 GAWLER	s Sons, s	SIZOWISEO NASHINGT	DON, D.C	ENW!	DATE SEP	REGISTRAR 6 19	256 REGISTRAR 58 gclu	es signature con Cas	4





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11659 CERTIFICATE OF DEATH 26, HOUA by the funeral Pages I and 2 hagirs after death: 2n DATE OF DEATH I DECEASED-NAME First Middle tast within 24 hours ofter death (Type of print) Charles Theodore Bonawitz S DATE OF BIRTH 3 SEX & AGE (In years IF JMOVER YEAR 63 GAYS HOURS Male White 1-28-05 filled in by To B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED THE NEVER MARRIED (ountry) Pa. corbon papers U.S.A. WIDOWEDN DIVORCED [Montgomerv 2g USUAL OCCUPATION Kind of work done D CITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION: I not in hospital 125 KIND OF RUSINESS OR du no most of working ale even if refired Foreman Wash. San. INDUSTRY Takoma Park & Hsp. D. ofHewvs cremotion, or removal, and in any event, 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN ASSIDE THY WHERE'S .3e STREET AND NUMBER 13b. COUNTY 4 A YES (R) 2 Seneca Drive Simpsonw IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle Lost requires that the death certificale be John Bonawitz Emma Wolff offending physician learning lease 160. WAS DECEASED EVER N L S. ARMED FORCES? 16b SOCIAL SECUR IN NO 7 NEORMANT Address Yes, no ar unknown)) if If yes give was as dones of leaves 179-18-2334 Pt. Record APPRINCIPATE INTERVA CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED By DEFWEEN ONSET AND DEATH permit med incula IMMED ATE CAUSE (O) _ signed by the bur of trons to Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE/O stating the underlying couse! burnol PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1.01 Page 4 may be retained by the hospital or ottending **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept of Nea th priat to like the should be filed with the State Dept of Nea th priat to like the state of the state 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 RO 🖂 216 ACCIDENT WAS UNDERLYING 21. HOW INJURY OCCURRED (Enter nature o injury in Port 1 or Port 2 Item 18.) 216 TIME OF INJURY TO BE CONTRIBUTING (TICAUSE OF DEATH HOUR AJM Month Day Year P.M (If either, notify medical examiner) 216 PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 2 + LOCATION Street of R.F.D. No. ZIG INJURY OCCURRED City or Town County State While hot while at work of work 22a I certify that (I) this hasoital attended the deceased from a saw the deceased a year on 1968 and t 1182 _1968 and that if (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) I we) and all did not) view the body after death 22b. SIGMATURE 22c DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town 23b. DATE 230 BURIAL CREMATION REMOVA (Specify) Schuylkill Haven, 8/30/68 Schuylkill Memorial Pk. Tyson Wheeler Funeral Homgockville, Maryland AUG 28 1968 250 1960 VE A15 (4) 30M REV 1 68

MARYLAND STATE DEPARTMENT OF HEALTH

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	11660 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0
		7 17
	CERTIFICATE OF DEATH	
	DECEASED NAME (Type or print) FREDERICK W. Barden Ava. Month Day Year	26. HOJR
3 5	SEX 4 PACE S DATE OF BRID A AGE (ID WOOTS III MORE MAR	III JAIOER 24 HAS
L	male White May 17, 1916 105 DAYS	NÚM ŽSLOH
70	O BIRTHPLACE (State or foreign 76 CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	Mass. 1. S.A. WIBOWED DIVORCED 1000 Gomery	Md
10	1 NAME OF HOSPITAL OR INSTITUTION (Hinds in hospital) 120, USUAL OCCUPATION (Kind of work done 25 KNR) of during roost of working to even threthred.) INDUSTRY 1	BUSINESS OR
	DIVER DRING HOUSE NO-A (Xeanbaraphic) No	LUY DOP
130	30 USUAL RES DENCE Where deceased was it institution. Residence before U.St. CITY OR TOWN 3d inside it with 136 STREET AND MARK demossion.) STATE 7 7 139 COUNTY 755 P. NOT 139 COUNTY	1
Dipit	Oxon Hill YES NOD 1/2-Panorama	2 Deive
14.	4. FATHER'S NAME First U Middle Jost IS MOTHER'S MAIDEN NAME First Middle	Lost
	Charle Bowden - Ada Starkie	
160	100. WAS DICEASED EVER IN U.S. ARMED FORCES? 6b SOCIAL SECURITY NO 17 INFORMANT (Daughter) Address	
_	Yas an or unknown) http:// 12 Panorama Dr. Oxon H:	
	I B CAUSE OF DEATH Inter only one cause per line for to (b) and c).	AMATE INTIRVAL OMSET AND DEATH
L	PART I. DEATH WAS CAUSED BY	
	7 DUE TO OR AS A CONSEQUENCE OF	
1	(and hone forly which gave) (b) artenosclosofic Condinuences Discourse)	
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1	1051:	
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MED CAL	Concontitioning Cause of Grant HOUR A.M. Month Day Year	
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	While Ket while of work 1 to work 1	
	22a certify that (1) (this haspital) attended the deceased from 2 = 27, 1948 to cure 1948, that	(I) (we) last
	saw the deceased give on	and from the
	causes stated above, (I) (we) (did-fat) view the body after death.	
	226. SIGNATURE 226. SIGNATURE ATTENDING MED STAFF 22c DATE SIGNED Reamand Cl. Verhaman M. D DEGREE PHYS DIRECTOR PHYS CELLO 1/1.	1.110
П	Remaid, at Herteman, M.D. DEGREE PHYS DIRECTOR PHYS. City 11, 22d PHYSICIAN'S	1465
П	NAME (Type)	
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230	236 BURIAL CREMATON 23b DATE 8-13-68 Cedar Hill Cemetery Suitland, Maryland	(Stote)
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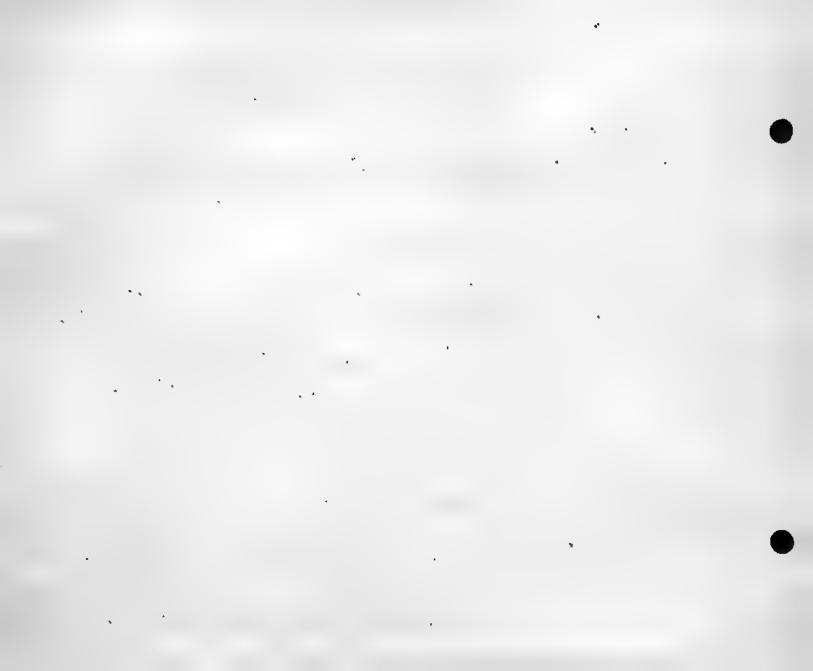
MARTLAND STATE DEPARTMENT OF HEALTH



. 17		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1	11661 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	ı D	ELEA_ED_NAME F'S1 Middle LBS1 20 DATE KNOWN Mo with Day Year 25 HOL R Type of Print
2 P B 2 T		LISTON DEATH MATED 3- 1 NO 4- PM
de d	3 5	MOUTHS DATE HOLE NIN
	L	VALE CAUC, 3697,10, 04 63 485
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	l ",	Selver. Apring gypetitee of dress of Hille Maching most of work ng life even if retweed. HOUSTRY
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	14	ATHER'S NAME First Middle Cost IS, MOTHER SMA DEN NAME First Middle ost
24 hour in them is Office es Tand) irs after		William Rowden Sylvia King
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOC. AL SECURITY NO. 17 INFORMANT 3314-, endleton moders Theaton, Md.
within pencil xamine 1e pag		-262-43-3683 Lorraine R. Bowden (Mage)
al E	1	IB. CAUSE OF DEATH (Enter only one couse per liperity (o), (b) ond at part I neath was caused by the couse per liperity (o).
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is certific forward forward ie used a removal		90 DA E OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY?
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ENER: e certif shauld ti es 3 shourd atton ([.	CAUSE OF DEATH PM 9 2 id. Th. IRY C. CURRED 2 a PLACE OF IN URY 14t home form stree: 2.1. OCATION Street or R.F.D. No. City o. Town County Stote
差 もよる。	_	WHILE WOT WHILE TOCIOTY OFFICE Building, etc)
		22a. I certify that I tack charge of the remains described above held on Autopsy , Inspection , Inquiry ond in any opinion
4 % L T P 5		death resulted from Natura causes Acadent Suicide Hamicide Undetermined manner
\$ 5 5 E 5 5		CHIEF MED CAL EXAMINER
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER (225 DATE SIGNED
		EXAMINERS DEPUTY MEDICAL EXAMINER & ATT 7 10/6
A = 0		HAME TYPE BEZDEN K. NEAT MID. ADDRUGHTED DESCURITY TOO. 1, 176
5 <u>s</u> e ~ ■ <u>r</u>	230	B RA REMAT N. 23b DATE 23r NAME OF CHIMFTERY OR CREMATORY 23d. LOCATION (City or Ideal (County) (State) REMOVAL Soc Prince See. County, Md.
	24	TUNERAL DR. TOR C. (Len Carter Happy Carter) 250 RE D BY REGISTRAR SIGNATURE
VR 4 5Mt 50		oner E. Pumphrey, Inc. 8434 Ja. Ave Sil Spa. Mdo. AUG 9 1968 Plantes Judges
CM REV MOR		



	MARYLAND STATE DEPARTMENT OF HEALTH
* Address of the Party of the P	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
(/)(/*)	CERTIFICATE OF DEATH
\\$^_7	
€ = Z €	1 DECEASED NAME First Middle lost 20 DATE OF DEATH 2b HOUR About Day) Year 2b HOUR 2b
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₹ 2 3 5	1 A/E/1/2/3 9-7 4/ Company Inst buthday) MONTHS DATS MODER MAIN
hours see	70
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haust-after death be retained by the hospital ar attending physician. JRECTOR: After this certificate has been signed by the aftending physician and completely filled it by the funerally be 3 should be detached for use as the bund-transit permit. Then please remaye carbon papers and only the state Dept of Health princit by the cremation ar remayal and in any event, within 72 haurs after deather with the state Dept of Health princit are remayal.	W DOWED D VORCED Montgomery
filled paper	O CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (14 nag) in hospital 120 US JAL OCCUPATION Kind of work done 126 KIND OF BUSINESS OR
# <u>7</u> 55	TAKOMA PARK, Not. I give street oddress SAN + /65 P RETIREC - BORREL OF ELENTION
ad with cetely f	30 USUAL RES DENCE Where deceased year it restriction Residence before 133 CITY OR TOWN 30 INSIDE OF IMITS? 130 STREET AND MUMBER
de d	edmissipp) STATE O A Life Country
comp comp dove comp	1102011/4/00 - 201 1/2019/01
and and rem	.4 FATHER'S NAME FIRST Middle OST S MOTHER'S MAIDEN NAME FIRST MIDDLE NAME FIRST
ac be	C. 茅 B: BRANCH Emily HUSTIN
rt,ficate be executed within 24 physician and competely filled it on please remave carban paper oval and in any event, within 72	16d. WAS DECEASED EVER IN U.S. ARMED FOR LES? 16b SOCIAL SECURITY NO 7 INFORMANT Address
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eath cert,fic ending phys net Then p ar removal	Description Street
ne death cer offending p permit The	18. CAUSE OF DEATH (Enter Only one couse per line for (a), (b), and (c).)
andi medi	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (Q) INDICA & DIVER & DIVERT & COLOR TO THE CAUSE (Q)
oe deaf affend permit	DUE TO, OR AS A SONS CONTROL OF
if the c	Conditions if any, which pages
the state of the s	nse to mmediate cause of (b)
that the crown the control by the aff	storing the underlying couse DUE TO OR AS ALCO SEQUENCE OF
The raw requires that Mathenating physician has been signed by the se as the bunal-transit in priar to burial cremating.	10 Donath College of Color
	PART 2 OTHER SIGNIFICANT CONQUINONS CONTRIBUTING TO DEATH BUT NOT RELATED TOTTINE TERMINAL DISEASE OR COND T ON PART (In)
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The law ratending that been se as the th prior to	19a DATE OF OPERATOR 96 COND TION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
\$ # \$ # de .	TEST TO DATE OF OPERATION TO INFOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?
IAN: The .aw radial and ar attending and ar attending frame has been far use as the Heath priarto	
First State	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, them 18.) I accident was underlying 21b. Time of injury in Port 1 or Port 2, them 18.)
5 4 4 4 4 4	If wither, notify medical examiner) P.M.
PHYSICIAN: the hospital or this certificate detached for w e Dept of Hear	21d. TRIURY OCCURRED 21e. PLACE OF INJURY (AT HOME -AAM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Store
2 = 2 = 3	TOWNE OF STREET
DING PHYS by the hos ther this ce be detache State Dept	
State of the state	22a. I certify that (1) (this haspital) ettended the deceased from
the Section 1	causes stated above, (i) (we) (a)d) (did not) view the body after death
# F 2 5 5 5 5	226 SIGNATINE 226 DATE SIGNED
3 3 3 5 ×	ATTENDING & MED IT STAFF IT
2 3 5 8 S	The state of the s
AL AL Pody Ne fine fine fine fine fine fine fine fin	22d. PPLYSIC AN'S NAME (Type) 220. ADDRESS
db.	
TO HOSPITAL OR ATTENDING PHYSICIAl Page 4 may be retained by the hospital TO FUNERAL DIRECTOR: After this certifical director, page 3 should be detached fashaurd be filed with the State Dept of H	230 BURIAL CREMATION, 236 DATE 230 NAME OF CEMETERY OR LAFTMATORY 23d LOCATION (City or Town) (County, State) REMOVAL (Specify) 8/28/68
00.04%	REMOVAL Specify 8/28/68 / Henderson, North Carolin
F E	24 FUNERAL DIRECTOR ADDRESS 4001 Benning rect by REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A 5 (4) 30M REV 1/68	John T. Stewart BRAH: N.E. DATEAUG 30 1968 Actionles Judge
	A LONG A LONG MACHES ID G. INNINION OF 1000



MARYLAND STATE DEPARTMENT OF HEALTH

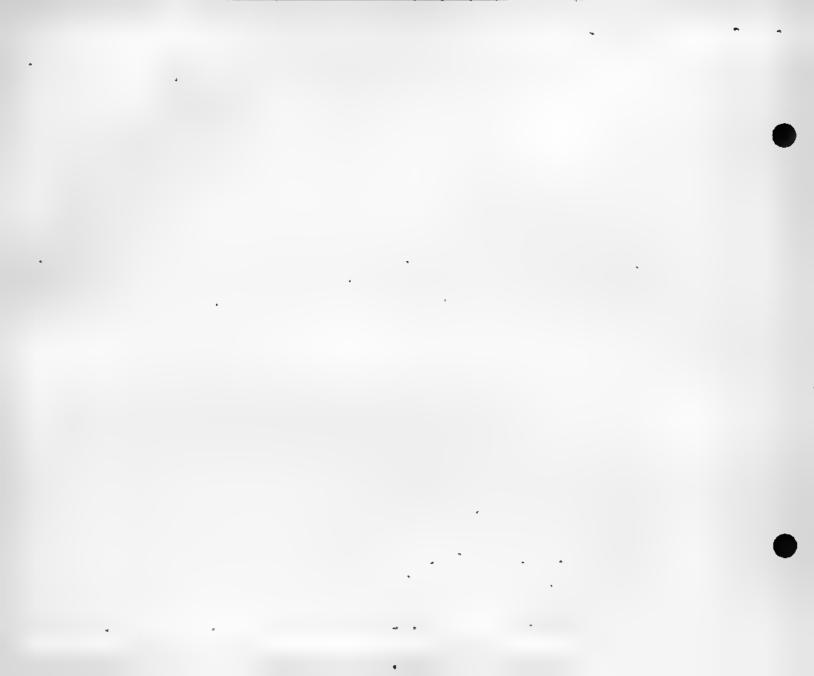


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		SUAL RESIDENCE (Where dece	ased lived, if institute 13b COUNTY	ian Residence before	3. CITY OR		YES NO	36 STREET AND	NUMBER A	JEW HA	
	14 8	ATHER > NAME First	M:ddle	Last.		MUTHER'S MAI	DEN NAME First		Middle		kast
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	60 Y	WAS DECEASED EVER N .) A es. no. or unknown	RMED FORCES? To wor or dotes of service;	579-01		Berton	A. Bro	omwell	Address Same		ove
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		Conditions, if any, which gavine to immediate cause (a) stating the underlying cause last).(AS A CONSEQUENCE OF	ecs	Curh	sus			X	453
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	T F.CAT ON	190 DATE OF OPERATION 19	b. CONDITION FOR WE	HICH OPERATION WAS P	ERFORMED	296. AUTOP:	NO [₽	20b IF YES, WE CAUSES OF DEA		NSIDERED IN CERT	TIFYING
	COL CERT	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D 1.1 either inglify medical exam	FATH HOUR A.M	Month Doy Year		OW INJURY OCCU	RRED (Enter nati	ure of injury in Par	t) or Part 2, li	em 18.}	
	MED			(AT HOME FARM, STREET FO	-	OCATION Street	or R.F.D. No.	City or Town	1	County	State
		22a I certify that (I) (saw the deceased causes stated aba	this baspital) att al ve an ve, (I) (we) (did)	ended the decease (did not) view the	sed from 19 65 an body after	d that in I my	19. 68) (aur) apiniai	to& death accurre	d an the dat) (we) last ad fram the
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4		BUTTENTY 8	DATE 1/28/68	Ft. L		n Ceme	tery F		George	s Co.	Md.
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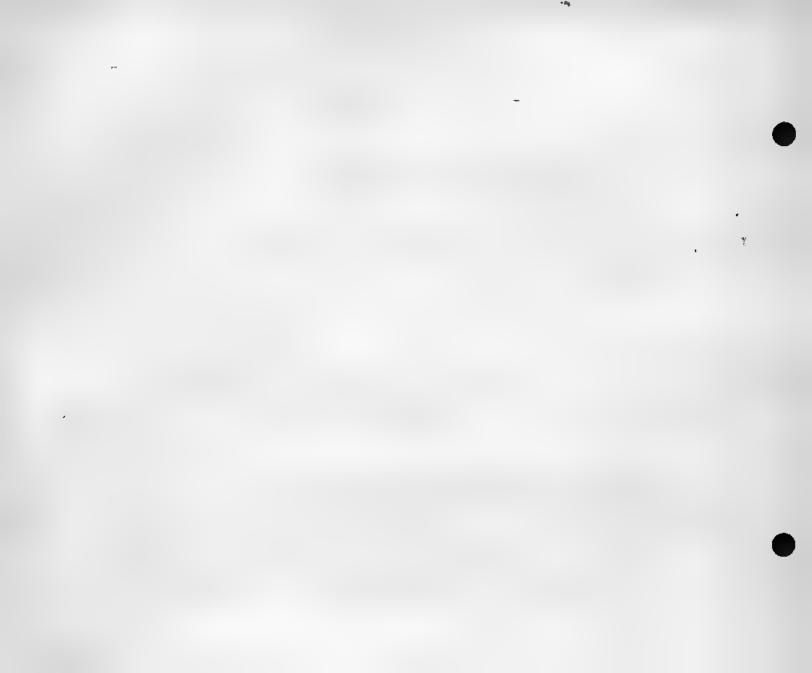
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HEALTH DEPT.		SED NAME FIRST	·	Middle	ro.	٠.	SO DATE KN JWN 29	Month Day	Year / O	26 HOLR
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	1	MARTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
- Andrew		11667 CERTIFICATE OF DEATH
- Martine -	1.0	ELEASED NAME First Middle GOST (20. DATE OF DEATH X 27 / C 26 HOUR
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Pour San		BIRTHPEACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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and	10.	CRY OR TOWN OF DEATH 1 11 NAME OF HOSPITAL OR INST FUTION (I not in hospital 120 USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR
		11 4 2 A IN give street oddress NURSING HONDERM most of working life, even if retired.) INDUSTRY
nt, the		USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13a INSIDE CITY LIMITS? 13e STREET AND NUMBER
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be exact and co		204 E Carmenter Emand S. Huntinator
rhlitate b physkian (en please aval, and	-60	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT // Address //
ih certificate I ding physkian Then please remaval, and	100	(es, no or unknown), It per give no or some 578-05-8666 Dean Miller Whiles 590, Quentrell are alley
phy phy	\vdash	No. 1 Control of the
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART : DEATH WAS CAUSED BY
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the str		Conditions, if any which gave) (b) stetherwell consumer and defent from 4 6 like
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ophy derivers		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)
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rsician: aspiral or certificate hed far un	를	TO GEO CONTRIBUTING CONTRIBUTIN
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RAIL MA		NAMETYPE Errest E Harmon MD 73016, esuite Od S. L. Sp. File
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Page Gract	230	BURIAL (REMATION 23h DATE 23c NAME OF CEMPTER OF CREMATORY 23c TOCK ON (Cay of Town) (County) (Stote)
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WALL WE AT OO	1 4	LIVERS MONEYALA



1 1 6 6 St. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
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JOHN W. BURDESS ELLA RYAN
the No nunknown) (19 yes give was or dates of service) to SOOTO SECURITY NO 17 INFORMANT ADDRESS Mary B. Colie 353 S. Hampton Dr. S. S. Md.
B CAUSE OF DEATH (Enter only one couse per line to (F) (b) opp (b) A BETWEEN ONE AND DEATH
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nse to mmediate couse (a).
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22a certify that blook charge of the remains described above, feld an Autopsy inspection Inquiry and in my apin an
death resulted from Not to couses Asserted Suitide Hamilton Lindelermined manner
ACTUAL CHIEF MEDICAL EXAMINER C
SIGNATURE ASSISTANT MED CAL EXAMINER
NAME UP BELDEN KARPEN SUPER SU
230 B IR A. CREMET ON 236 DATE 23 NAME OF TEMPTERY OF CREMATORY 236 JOCATION Cry a Town (County) Store
Burial Hug. CH. 1968 Mt. Olivet Washington, D. C.
Warner E. Pumphrey, Inc. 8434 Ga. Ave. S.S., Md. Date

MAKYLAND STATE DEPAKIMENT OF HEALTH



_ 1		MARYLAND STATE DEPARTMENT OF HEALTH	
	13	11669 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 175
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASE NAME 20 DATE KNOWN MOON DO OF ESTI X - 2	168 74 M
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bical EXAMINER: se execute the cert sctor Poge 4 should ned for your files. ECTOR: Poge 3 should bur of cremotion	Ł	AT WORK I AT WORK I HEATEN TALLS KEESEL - PELOTTIC NO.	ntgomery Mal
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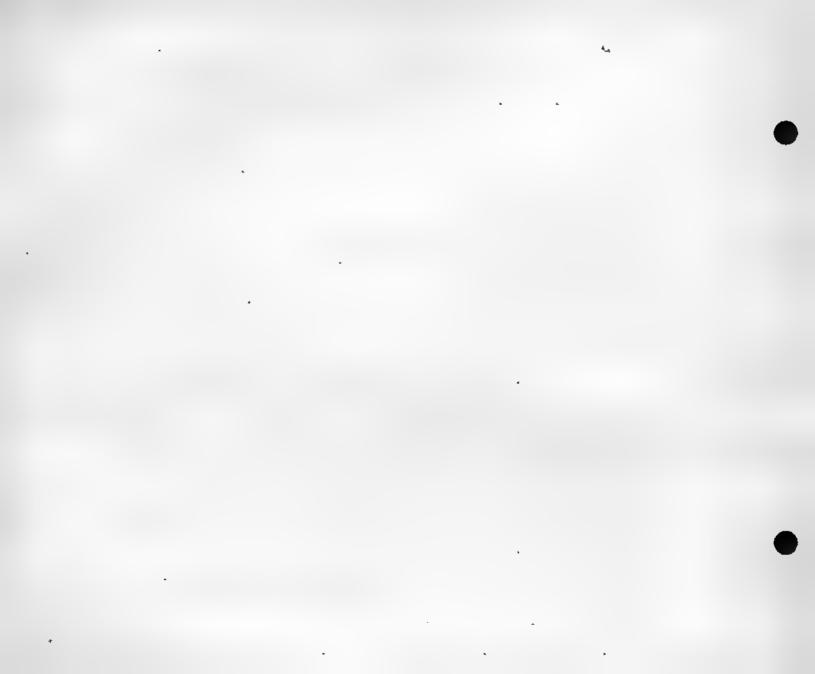


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FOR STATE		##670 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
THEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN 20 Month Type or Print	Day Year 2b HOUR
426 6	1	DR KENNETH DINCAN CAMPBELL MD DEATH MATED 2	25 %8 7.144
	3 5	EX 4. RACE 5 DATE OF BIRTH 6 AGE in year 1 BUDGE 1 WES 22 DATE PROMOUNCED DEAD	2d HOUR
The state of the s	L	Male white 9-9-12 55 kg	19 68 M
- F / G	75	BRITH ACE STORA OF PER TO CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF COUNTY OF DEATH	
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ed		1B. CAUSE OF DEATH. Enter only one couse per line for (a' b) and cost	APPROX MATE INTERVA
nding'en Medica: Es i permit Fi nt within		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to Fulmonary embolus, acute	Sulden
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his cate, y	CERTIFICAT	WAS PERFORMED?	YES NO 🗆
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O DEPUTY DICAL E) necessary please execut the funeral director Page 5 may be retained for page 6 FUNERAL DIRECTOR:P		NAME Type OFLOEN K. CAPMID ADDRESS FOR A DATE TO STATE	3/1768
70 5 3 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIN CREMATON 236 DATE 232 NAME OF CEMETERY OR CREMATORY 236 LOCATION OF TO OFT THE	(Co-inty) State
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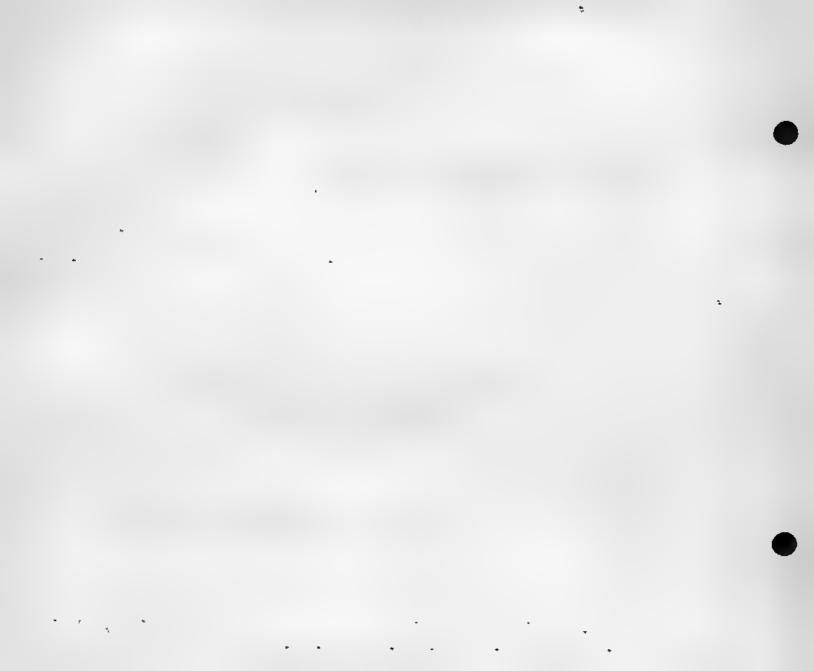


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED Muddte 20 DATE KNOWN Type or Print* DF ESTI Anless Lacu Canterburu DEATH MATED 3 JEX 4 RACE 6 AGE IN VINUS + JMPLK 24 HKS 2c DA'E PRONOUNCED DEAD S DATE OF BIRTH Dec. 14, 1906 rale Cauca To BIRTHPLACE Stote or toreign 76 CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery WIDOWED F D VORCED [] IQ CITY OR TOWN OF DEATH NAME OF HOSPITAL OR NST IUTION is not in hospital 20 SUAL DECEMBER ON IK nd of work done 126 KIND OF BUSINESS OR Washington San & hospital Jakoma Park 36 INSIDE OF IMITS? 30 JSUAL RESIDENCE Where dereosed aved it institution Residence before 34 CTY OR TOWN 3e STREET AND NUMBER 136 COLAMONTAOMERY Silver Soring YES THING 112 Whitmoor Jerrace odm sion) STATE ax, land S. MOTHER S. MAIDEN NAME 4 FATHER'S NAME First Annie Contenbury Elizabeth " LEERE S. 60 WAS DECEASED EYER IN J.S. ARMED FORCES? 66 SOC AL SECURITY NO ADDRED WhitMOOR TEAR Mrs. Darrah B. Canterburg il er Soring. 214-03-8567 no IB. CAUSE OF DEATH (Enter only one couse per ture of (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO OR AN A CONSEQUENCE Conditions, if any which gave rise to immed ate cause (a) DUE TO, OR-45, A CONSEQUENT stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS, ONTO BY TIME IC DEATH BY NOT RELATED TO THE TERMINAL DISPASE OR CONDITIONS OF HART IN D remayal. 20 AUTOPSY? WAS PERFORMED? YES 🗀 2 o EXTERNAL CAUSE WAS 2 c HOW NURY OCCURRED (Ento notice of nivry in Port 1 or Port 2 Item 18.) 2 to T ME OF NURY Month Day Yea PRIMARY TOR CONTR BUTING HOUR A M CAUSE OF DEATH 2 d INJURY OCCURRED 21a PLACE OF IN JRY At home, form street 2 F . OCATION Street or R.E.D. No. City or Town (ounty Sinte foctory office building, etc.) A WORK A WORK A 22a I certify that took charge of the remains described above held on Autopsy aspect on, and in my apin an Natural causes Accident Hom cde Undetermined manner ACTUAL ASSIS ANT MEDICAL EXAMINER SIGNATURE 23c NAME OF CEN. ER! DR 230 BUY A. CREMATION 23d LOCATION City of REMOVAL (Spendy 9t. Lincoln Cometeru Prince 1804GE (O.. 24 FUNERAL DIRECTOR VIFA SME S

MARYLAND STATE DEPARTMENT OF HEALTH



- 1	It.	ems 188.22a Film 403 MARYLAND STATE DEPARTMENT OF HEALTH 14-54-48 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1 /2 20/ 22
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 19
HEALTH DEPT.	1 [DECEASED-NAME First Middle Lost 20 DATE KNJWY Month	Doy Year 26 HOUR
A Page	L	Annie Carman DEATH MATED I 8	7 1968 #
# D	9 5	the purple of the Control of the Con	Yeor - 2d HOUR
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- 1/3/		BIRTHPLA: E (State or oreign 75. CT.ZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ORY) WIDOWED DIVORCED	, ,
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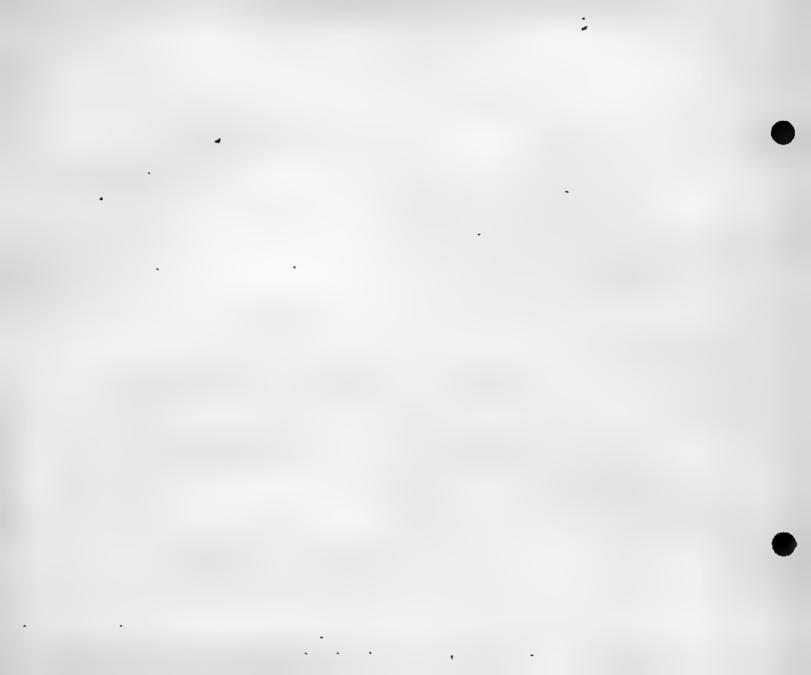


DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 Item 13 Film G. CERTIFICATE OF DEATH DECEASED-NAME MABEL Middle 2a. DATE OF DEATH 26. HOUR Raurs after death CARRAW/Y (Type or print) Month 25 Aug. 6 3. SEX 4. RACE S. DATE OF B RTH 6. AGE (In years IF UNDER A YEAR Female White 1878 10 (tast highday) DAYS ноция Aug 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED Montgomery "Worth Carolina U.S.A. WIDOWED # DIVORCED [] 24 TO CITY OR TOWN OF DEATH F NAME OF HOSPITAL OR NSTITUT ON It not in hospital 120 USUAL OCCUPATION IK nd of work done INDUSTRY HOME 26 K NO OF BUSINESS OR give street address. Marylander Homa remaye tarbon Germantern completel TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplate director, page 3 shall be detached for use as the burial transit permit. Then please remays tack shauld be filed with the State Dept of Hea th prior to burial, cremation, at removal, and in any event. 3a. USUAL RESIDENCE, Where deceased lived, it institution. Residence before 3 CITY OR TOWN FEE MARTS? 36 INSIDE 13e requires that the death certificate be executed Md. odmission) STATE 13h. COUNTY MONTA Carmantown YES # NO [14. FATHER S NAME Midde Last IS MOTHER'S MA DEN NAME FIRST Middle Walker Ada William Glenn 65. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER N U.S ARMED FORCES? Address Virginia Wilson Yes negot unknown) Gaithersburg Md. APPROXIMATE INTERNA 18. CAUSE OF DEATH (Enter only one couse per line for any (b), and (c).) RETWEEN DINNET AND DEATH PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immed ale cause (a) DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT FYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO # YES 🖂 2 to. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M (If either, natify medica examiner) AT HOME FARM, STREET SACTORY 1 211 LOCATION Street or R.F.D. No. 2 d IN JRY OCCURRED 21e. PLACE OF INJURY City or Town State County While Not while at work 22a. I certify that B (this haspital) attended the deceased from 19 to 1 1962 10 Char. 25, 1968 causes stated above. (1) (d a) out of) view the body after death 226 SIGNAJAIRE 22c DAJE SIGNED ATTENDING DEGREE DIRECTOR 226 ADDRESS NAME TYPE M. MEKENDREE BOYER MA 9741 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town 230 BUR AL CREMATION AUD . (County) (Stota) 1968 THE STATE OF THE S Oakmont Gastonia Carolina 256 REGISTRAR > SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 25c. REC'D BY REGISTRAR VR AFS (4) 1968 Charles Francis H. Barber 30M REV 1 68 Laytonsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH



, I	It	ems 18-22aF.1m 4001 MARYLAND STATE DEPARTMENT OF HEALTH 1 672 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	.001
FOR STATE	L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Type or Print) MARY ELIZABETH CARROLL OF EST DEATH MATED] 8	Day Yea 26 19948 31 9688:545
2, and 2 PM3 a		male White 10/29/46 21 VRS DAYS HOUR MIN. Month 8 Doy 31	Yeor 9688:53m
form te De	fall	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION , F not in hospital 12a U.S. AL OCCUPATION Kind of wark dane 1	126. KIND OF BUSINESS OR
we he	30	USUAL RES DENCE Where deceased was I institution, Residence before 3r (TY OR TOWN 34 INSIDE C Y MIT 36 STRUCT AND NUMBERS OF	St. Indrew La
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4 hours litem litem 5 Office 1 and 2	19.	FATHER'S NAME First Middle Jose 15. MOTHER'S MAIDEN NAME First Middle Sara B. Ch	Lost
penc in ominers e pages 2 hours		WAS DEFEASED EVER N. 5 ARMED FORCES? (BS ON DIS JUNETION OF THE YES GIVEN WES OF EMPIRED SO SECURITY NO 213-45-9857 JOSEPH A. CARROLL 605 St. Andre	Spr., Md.
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d be exed pendl Chief Me		Conditions, lany which gove to the course (a). (b) Multiple burns 3rd degree on 57% of body (b) Multiple burns 3rd degree on 57% of body	.6 days
ertificate should wert ng the word invorded to the Classed os a bur ol-no lovai, add wran lovai, add wran		training the underlying couse DUE TO OR AS A CONSEQUENCE OF Trauma from auto accident	16 days
hrate ng th ded to os gr		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR LOND'T-ON CIVEN IN PART (a) Pregnancy	
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F - P -	MEDICA, CER	2 to EXTERNAL CAUSE WAS 210 T.ME OF NJURY Month, Day Year PRIMARY OR CONTRIBUTING 9 HOUR A.M. 7-15 1068 21. HOW INJURY OCCURRED (Enter notice of njury in Port 2 item Auto she was driving struck caught fire.	
CAMII te the je 4 si four ti oge 3 cremo	1 2	2 d IN JRY DCT. RRED 218 PLACE OF IN IRY At home, tarm street 21f LOCATION Street or RFD No City or Iown Monty National Partners of the building, Bit Highway Route 29 Monty	county
DICAL E) PEOSE execution of the control of the cont		22a certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from Natural causes Accident Suicide Hamilide Undetermined manner	
preop of direct through the preop of the pre		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226 DATE S	IGNED
DEPU cesso e fune moy l FUNE		EXAMINERS BUILDEN KARD M.D. DEPLY MEDICAL EXAMINER OF HAME Type BUILDEN KARD M.D. ADERESTHATED MY TO ADEREST MY	31,1988
5 5 5 T	· — i	REMOVAL Spec v Q-4-1068 Gate of Meaven Cemetery Silver Snr.	(County) (State) Mainta Md
VIII A SAME IS	1 E	account warner E. Primphrey Inc. Sil. Spr. Ad. SEP 5 1968 gliante	Judge



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	11675 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First Midd's Lost 20 DATE KNOWN Morth Doy Year 2b HOUR OF ESTI DEATH MATED 78 1968 5 PM
ond 3 and 3 and 3 and 3 and 3 and 3	3 SEX 4 RACE 5 DATE OF BRTH 6 AGE on year of JNDER VAR III BINDER 24 HBS 21 DATE PRONOUNCED DEAD 22 HOUR MONTHS ONTS HOUR MAN Day 18 Year 19 68 500
- 6	7. BIRTHPLACE (Stote or tribing) 76 (TZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED X 9 COUNTRY OF DEATH COUNTRY Pennsylvania USA W DOWED DIVORCED Montgomery Md
ofter death	Bethesda NAME OF HOSPITAL OR INSTITUT ON 18 not in hospital 2d USUAL OCCUPATION Kind o work done 2b Kind Of Business OR during most of working life, even if refined INDUSTRY -
	odmussion) STATE Penn. 3b COUNTY Pottstown YES NO [] 1017 Sycamore Drive
5 g g g g	Ellis Robert Castor Josephine Specht
f with n 24 in pending Examiners Examiners File pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (** at Deceased EVER
should be executed in any event and in any event with a firm and event with a firm any event with a firm a fir	APPRICABLE NOTE OF DEATH ENTER ONly one couse per line for (o b and c)) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (o) Head injuries, severe due to trauma from auto Q // fr But TO OR AS A CONSEQUENCE OF INSE to immediate cause (a) Stoling the underlying cause (c) PART 2 OTHER SICNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART a)
	90 CATE OF OPERATION 8-18-08 90 CATE OF OPERATION 8-18-08 90 CATE OF OPERATION 90 CONDITION FOR WHICH DEPERATION WAS PERFORMED? Subditional hematomas 20 AUTOPSY? VES X NO 2 a EXTERNAL CAL'SE WAS PR MARY X OR CONTRIBUTING THOUGH AM 1130 P.M. PR MARY X OR CONTRIBUTING THOUGH AM 1130 P.M. PASSENGET IN CAT THAT THE Off highway 2 d MUNICY OFF JERRED 2 d PLACE OF IN JRY AT HOME TOTAL Street AND THOUGH AND T
TO DEPUTY DICAL EXAMINER: necessory please execute the cert the tuneral director Page 4 shou- 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 shou Hea th prior to burial cramation	22a certify that took charge of the remains described above held on Autopsy X, Inspection Inquiry and in my apinion death resulted from Notural causes Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED BEXAMINER'S ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 19 August 1968 EXAMINER'S ADDRESS(Street cry lawn or county) 23d BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (Cry o Tawn) (aurty 1,5 ate)
	REM VA (50-84 Y) Burial 8-22-68 Highland Memorial Cemetery Pottstown, Pennsylvania 24 FUNERA DERFCTOR W. W. Chambers Co. ADDRESS 250 REED BY RE ISTRAR 250 REGISTRARS 5 SNA JRE
VR 415A4E 5) 10A1 REV 68	1400 Chapin Street, N.W. Washington, D. C. DAVAUG 2 3 1968 Chaples Quese

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FOR STATE	'	Iter				RTIFICATE			-	. 183	
HEALTH DEPT		CEASE" NAME Firs	1	Middle		1957		2c DATE KNOWN	Month	Day Yea	25 HQUR
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O DEPUTY necessary, the funeral 5 may be 5 FUNERAL Health pr	22	NAME (Type) Reldet	DATE ROAD		OF CELEVISION		State of the state	4	74.1.0	11.70	0
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VR A SME (5)	(when to di		1820 9f	TON.D	, N.W.	DATE ALVES		Ochor		IC.



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	OCESSIONAL LAME
4. FATHER'S NAME First Middle Lost S. MOTHER'S MALDER NAME First WILLIAM CUMMISKEY REGINA	Middle Lost RYAN
160. WAS DECEASED EVER IN U. S. ARMED FORCES? 1985 no N. Boknown 1985 give wor or dates at service. 198–16–5634 ROBERT E. CHRISTIAN	DDRESS HUSBAND
B. CAUSE OF DEATH (Enter only one couse per ine for o., (b) and c PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AS plyxia. due to aspirated food DUE TO, OR AS A CONSEQUENCE OF Conditions, stony which gave rise to immediate cause (a). Stony the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT COND I ONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	APPROXIMATE BYTEVAL BETWEN THAT AND DEATH Staddess
TO DATE OF OPERATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2 0 EXTERNAL CAUSE WAS 12 b TIME OF TRUITY Month Doy Yequ 12 L HOW NUTRY OCCURRED Enter nature at Indian and Part	20. AUTOPSY? YES IX ! NO []
PRIMARY DIR CONTRIBUTING 12 PM B/18 968 When esting + dimbing asy 21d NUMY OCCURRED 2 & PLACE OF IN MRY AI HOME form street 211 LOCATION Street or RFD No Rily or own	piroted food.
22a certify that I taak charge of the remains described above held on Autopsy 💆 Inspection 🗵	ngusy \(\sum_{\text{and n My ap not}} \) 22b DATE SIGNED 22c 19, 1988
230 BJR AL CR-MAT ON 236 DATE 23. NAME OF CEMETERY OR CREMATORY 23d .OCAT ON ICITY OR CREMATORY 23d .OCAT OR CREMATO	· ·

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	1			STATE DEPARTMENT OF		
~]		M of A was DIVISION		I W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
		11678	tem o rii CEI	RTIFICATE OF DEATH		11085
and 2		(FASED HAME RIST FIRST PROPERTY PACKET	Middle	lost	2a DATE OF DEATH Aug Month Day	26 HOUR
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fulled or paper.	10 €	TY OR TOWN OF DEATH	1 NAME OF HOSPITAL OR INSTITU	IEON ut not us hospital 120 JSI	tal Off. Pation (Kind of work done	126 F AD OF BUSINESS OR
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ecuted will camplately daye carban y event, w		SUAL RESIDENCE (Where deceased ved 1 issum: STATE /) & 3b COU		7	130 STREET AND NUMBER 100 100 100 100	y month St.
that the death certificate be executed within 24 and by the attending physician and campletely filled intrasit permit. Then please remaye carban paper cremation, at removal, and in any event, within 72	14 F	ATHER'S NAME FIRST MIC	0	S MOTHER'S MA DEN NAME	First Middle	Lost
Myskian in please		WAS DECEASED EVER N . S. ARMED FORCES? is, na, ar, unknown) (if yes give wor ar dotes of serv	16b SOCIAL SECURITY NO.	17 INFORMANT	Address Address	July But
hen p noval,	-	No. ' -	763.	They Fred	eleter 10500 W.	APPR DIMATE INTERVAL
	П	 CAUSE OF DEATH (Enter only one cause PART & DEATH WAS CAUSED BY MMEDIA E CAUSE (c) 	per line for (a), (b), and (a)	Orice En a	· :000 DR	BITWEEN CASH AND DEATH
he death s attendi permit non, ar f		11 4/. 1	, OR AS A CONSEQUENCE OF	*	^	- U
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regultes that the death gliphyskian signed by the attendik blung fransit permit oliberal cremation, ar fe		rise to immediate cause (a). stating the <u>underlying cause</u> DUE TO	, OR AS A CONSEQUENCE OF	, V	8	V
equives the physician signed by bund ind bushall cre		PART 2 OTHER SIGNIF CANT CONDITIONS CON	TRIBUT NO TO DEATH BUT NOT R	ELATED TO THE TERM NAL DISEASE OF	CONDIT ON GIVEN IN PART I(a)	
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4: The law reading or all the has been to use as the salth prar to	FICATION	90 DATE OF OPERATION 196 COND TON FO	OR WHICH OPERATION WAS PERFO	RMED 20a AUTOPSY? YES NO C	206 F YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
N: T or c or c or c or c		210 ACCIDENT WAS UNDERLYING 216. TO			ter nature of injury in Port 1 or Port 2,	Item 18.)
Picta Principal Pictor	MEDICAL	OR CONTRIBUSING CAUSE OF DEATH (If either, notify medical examiner)	P.M. 19			
ATENDING PHYSICIAN: The law rationed by the haspital ar attending CTOR; After this certificate has been should be detached for use at the state Dept at Health pr or to	П	21d RNJURY OCCURRED 21e PLACE OF 1N. While 1 not while 1 21e PLACE OF 1N. of work 2 not work 1	JURY (AT HOME FARM, STREET FACTORY OFFICE BUILDING, FEC	21E LOCATION Street or R.E.D. N	o City or Town	County State
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~ = m ~ <		226 SIGNATURE Prends to 1	16, 6, 4	ME CATTENDING I	MED STAFF CO	DATE SIGNED ISCA
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O HOSPITAL Page 4 may O FUNERAL I director, pag should be fi	230	8 R AL CREMATION, 23b. DATE BUTLATE 8-6-6		FTERY OR CREMATORY	23d LOCATION (City or Town) Ty heisburg W	est Virginia
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30M REV 1		Robert A Pumphrey	7557 Wiscon	nsin Ave	16 5 1968 PCL	only Indge



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TOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	786
HEMLYII DENT.	DECEASED NAME F+st Middle tost 20 DATE KNOWN Month	Doy Year 25 HO JR
Poge Poge	John Waverly Glaggett Jr. DEATH MATED 8 2	24 1968 M
1 (K) 23 &	3 SEX 4 RACE 5 DATE OF BIRTH 6 ACE in vegr. 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 1 SEX ONCOR 24 MRS 2c DATE PRONOUNCED DEAD 2c DATE PRONOUNC	Year 19 68 7:30 P
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ye f	en route to hospital give street oddress du ing most of waking te even tretred. I	126 KIND OF BUSINESS OR HOUSTRY Landscaping
and	30 LSLAL RESIDENCE Where de eased ved institution Residence before 13t CITY OR TOWN 3d MARRY VIMID 3e STREET AND NUMBER odmission. STATE Maryland 3b (DUNTY Montgomery Sandy Springes No 2 18404 Brooke I	Road
Haurs Hem II Office Land 2	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN MARKE First Middle	1203
	John Waverly Claggett Sarah Francis Hopkins	
d 1 18 3	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1665. SOCIAL SECURITY NO 17 INFORMANT RECORDS ADDRESS YES no or unknown, 17 In yes give were or delives of services.	
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be executed pending in the Medical Easist permit Februarian	18. CAUSE OF DEATH finite analy one cause per line for a (b) and , PART I. DEATH WAS CAUSED BY	AFFROX MATE IN TERVAL BETWEEN ONSET AND DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11680 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH Last 2b HOUR Pages I and 2 requires that the death certificate be executed within 24 haurs after death (Type or pnnt). Month 3 SEX A RACE S DATE OF BRITH & AGE (n years PUNDER YIAR 11 JADER 24 HRS MONTHS last birthday) 7b CIT ZER OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign MARRIED (X) NEVER MARRIED DIVORCED [O CIY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION. I not in hospital 2g JSUA, OCCUPATION Kind of work done P26 KIND OF BUSINESS OR LINDUSTRY du na most of working life even fretired ; Deputy cremation, or remayal, and thin any event, 13c CITY OR TOWN 30 USJAL RESIDENCE Wittere deceased lived, it institution. Residence before ESS DISIDE CITY UNITAR 13e STREET AND MILMBER 13b COUNTY YES [K] NO [Middle S. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME First Last Charles 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAN SOCIAL SECUR BY NO Address Yes on unknown, Dubli 1719 18 CAUSE OF DEATH (Enter any one couse per line for (a) (b) and (c))
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MMEDIATE CAUSE (a) Conditions, if any which gave) fransif rise to immediate couse jour DUE TO, OR AS A CONSEQUENCE OF diserse stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) far use as the p f Health prior tab 9n DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO DO ficate Page 4 may be retained by the hospital ar 210. ACCIDENT WAS UNDERLYING 216. TIME OF BIJURY 2)c HOW INJURY OCCURRED (Enter nature of moury in Part 1 or Part 2, Item 18.) TOR CONTRIBCTING THEADS OF DEATH HOUR A.M Month Day Year PM director page 3 should be detached should be fried with the State Dept of offer this cert. If a ther notify medical examiner 2 d INSURY OCCURRED THE PLACE OF INJURY AND HOME TARM STREET FACTORY \ 210 LOCATION Street or R.F.D. No. City or Town Vinuo? State White Hat white D 22a I certify that (I) (this hospital) attended the deceased from 149.3 1965 to 124 18 1968 that (I) (we) lost sow the deceased alive an 149.18 1968 and that if (my) (our) opinion death accurred on the date and hour and from the O FUNERAL DIRECTOR: After couses stated abave, (1) (we) (d d) (did not) view the body after death 226 SUONATURE 22c DATE SIGNED DEGREE 22e ADDRESS 3 45 PHYS JAN'S NAME (Hope) Raymond Bradshaw. 23d LOCATION (City or Town) 23 NAME OF CEMETERY OR CREMATORY 230 BUR AL CREMATION 23b DATE (State) August 22, 1968 gate of Heaven Cenetery Silver Spring 250 REC D BY REGISTRAR DATE AUG 2 2 Pumphrey, Inc. 8434 Ga., Ave. S.S., Md. DATE AUG WE ALS 40 30M REV



MAKTLANU STATE DEPARTMENT OF HEALTH 1168% DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First 1 DECEASED-NAME M:ddle Last 20 DATE OF DEATH 2b HOUR (Type or print) Augustus William COCKRELL Augustonth 9 Day 605A M plan and completely litted in by the full ease remove carbon papers. Pages I and in any event, within 72 hours after (4 RACE S DATE OF BIRTH 6 AGE (in years less birthday) 3. SEX IF UNIDER YEAR executed within 24 hours ofter 8 Jan. 1899 MOMPHS Caucasian Male To BIRTHPLACE (State or foreign 76 CIT-ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTY OF DEATH Montgomery country Florida USA WIDDWED -DIVORCED [IT NAME OF HOSPITAL OR INSTITUTION I not in haspital O CITY OR TOWN OF DEATH -20 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Naval Hospital U. S. Marine Corps INDUSTRY Bethesda 30 15 AL RESIDENCE Where deleased lived, if institution. Residence before 13c CTY OR TOWN 13d INSIDE JITY INKEST 3a. STREET AND NUMBER 407 Hanover St. YES THE NO [Bethesda IS MOTHER'S MA DEN NAME FIRST 14 FATHER'S NAME Augustus William Cockrell Povllis Knox Fredericksburg Address 166 SOCIAL SECURITY NO. 17 INFORMANT Virginia 16g. WAS DECEASED EVER N & S ARMED FORCES? Yes noting antimown) This are and my or defined service, ol, cremotion, or removal, 572 38 0152 Mrs. Constance B. Cockrell, 407 Hanover St. 18. CAUSE-OF DEATH (Enter only one couse per line for (a), (b), and (c),) BETWIEN ONSES AND DEATH PART I DEATH WAS CAUSED BY MANEDIATE (ALSE (a) Exsanguination secondary to carcinoma of floor of mouth DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immed ate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART of be detoched for use as the State Dept of Health prior to 90. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY NG CAUSES OF DEATH? YES X 2 o ACCIDENT WAS JNDER YING 216 TIME OF NURY 2 . HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ism 18.) OR COMPRIBLATING CAUSE OF DEATH HOUR A.M. Month Day Year Feither natity medica examiner 21e PLACE OF INJURY (AT HOME FARM, TRIFF" ACTOR") 2 1 "OCAT ON Street or R.F.D. No. 2 d N. JRY OCCURRED White Not white 520A 22a. I certify that (N (this haspita) attended the deceased from 9 Aug., 19 68 to 9 Aug. 19 68 that (1) (we) ast saw the deceased a ve an 9 Aug. 19 68, and that in (XI) (aur) aptinion death accurred on the date and hour and from the Page 4 may be retoined by t O FUNERAL DIRECTOR- After director, page 3 should be d causes stated above (A) (we, (A) (did not) view the body after death 22b SIGNATURE _ 22: DATE SIGNED 9 Aug. 1968 The LIMEUST DIRECTOR PHYS DEGREE 72e ADDRESS 22d PHYSIC AN'S K. R. MATHEIS, M. D. NAM: (Type Naval Hospital, Bethesda, Md. 23d. LOCATION (City or Town) 23b. DATE 230 BURIAL CREMATION, (County) REMOVAL (Specify) J. William Lee's Sons Co. Washington o Cremation DATE AUG 13 1968 256 J. William Lee's Sopres Co. D.C. **VR A1514** 30M REV 1768 4th and Massachusetts Ave., N.E. Washington

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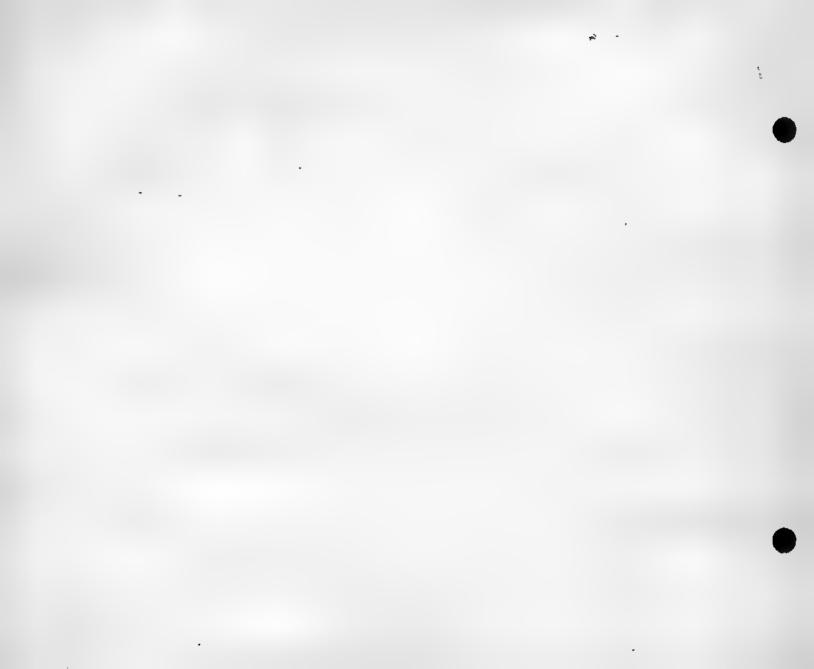
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	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	11688 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH-DEPT	DECEASED NAME + 51 Middle COST 2n Date (NDW) The Month Conv. Sent. 2h - Date
~ o & & *	SALVATORE DOMINIC COSTELLA DEATH MATEO Aug. 10 168 / 64
	3 SEX 4 RACE 5 DATE OF BIRTH 6 A E the Mark 5 INDER "YEAR 5 JUNES 24 HISS 20, DATE PRONCHINGED DEAD 2d HOUR
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orsal 118 reals	Ma. P.G. Adelphi Mal 2510 Hughes Rd.
	4 BATHER'S NAME Fish Middle cost 5 MOTHER'S MAIDEN NAME First Middle Lost
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d with a in pencil Examine Fle pag n 72 ha.	(Yes, no. or unknown) (News pres wor or doles of service, Yes Korea Mrs.Lorraine Costella - Wife
Pa Sa Fill Con	18. CAUSE OF DEATH (Enter only one couse per line 100 a, b, and ph.
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VR A SME (S)	O DODO DE VI Francis Home, O D 169 20 1968 Actionly Judges
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR TO East Lost death (Type or print Manth 10:59 Thatcher Randolph Cottrell August 4 RACE S. DATE OF BIRTH 3 SEX 6 AGE in years IF UNDER 74 HIES within 24 hours ofter ass purthday Malle White 6 January 1906 To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9 COUNTY OF DEATH New Jersey USA Montgomery DIV ORKED [7] WIDOWED [1 NAME OF HOSPITAL OR INSTITUTION (I not in hospital O CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address: The Clinical Center during mest alworking ide even it retired) Bethesda 30. JSUA, RESIDENCE (Where deceased fived, if institution; Residence before 113c CITY OR TOWN NUMBER OF STREET 3e STREET AND NUMBER , and in ony event Montgomery 5101 River Road YES 😿 NO 📑 Maryland Bethesda S. MOTHER'S MAIDEN NAME First 14 FATHER S NAME Lost Middle 1204 Randolph John Cottrell. Julia 166. SOCIAL SECURITY NO 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The Medical Record Address Yes, no or unknown) (If yes give war or dates of service) The Clinical Center, NIH, Bethesda, Md. 20014 cremation of removal .8. CAUSE OF DEATH (Enter only one couse per une for (o, (b, ond ,c).

PART 1. DEATH WAS CAUSED BY

MIMEDIATE (AUSE o) Cardiac Ar BETWEEN CHISET AND DEATH fronsit permit. Cardiac Arrest Immediate DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave) Lymphosarcoma 2 years rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1,02 director, page 3 should be detached for use as the snowld be filed with the State Dept of Health pranto 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO -210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either natity medica examiner) O FUNERAL DIRECTOR: After this cert director, page 3 should be detached 216. PLACE OF MYJURY (AT HOME JAM, STREET FACTORY) 214 LOCATION Street or R.F.D. No. 2 H INBURY DCCURRED City or Town County State White Not while at work 220. I certify thotalk (this hospital) attended the deceased from 18 July 1968 to 7 August 1968, that (1) (we) lost sow the deceased alive an 7 August 1968, and that in (1900) (our) apin on death occurred on the date and hour and from the couses stated above, (1) (we) (did) (000 600) view the body after death 22b SIGNATURE 22: DATE SIGNED 8 August 1968 DEGREE 22. ADDRESS The Clinical Center, National 226 PHYSICIAN'S Mark E. Oren. M.D. Institutes of Health, Bethesda, Maryland 23. NAME OF CEMETERY OR CREMATORY
Cedar Hill Crematory 23b OATE 236 Saliteratur Marylandine 230 BURIAT REMATION. Cremation 8-9-68 PI MPHREY, Bethesda, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT RE 24 FUNERAL DIRECTOR 1968 ROBERT A. DATE AUG 15



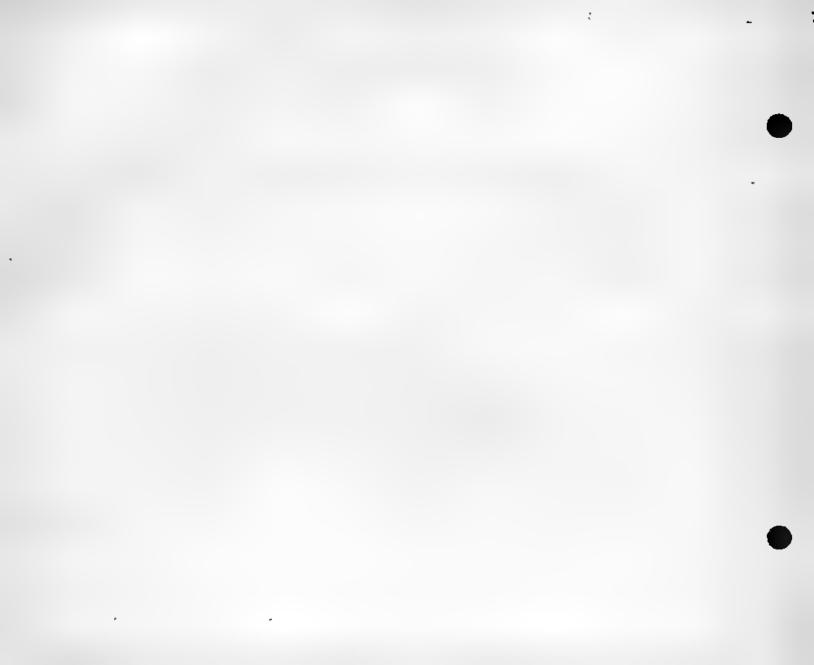
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11692 CERTIFICATE OF DEATH Middle DECEASED NAME Lost TO. DATE OF DEATH 24 havrs after death (Type or print) Month - Day 3 SEX 4 RACE 5. DATE OF BIRTH AGE (in years IF JINDER YEAR IN EUROPER 24 MRS. tast birthday, DAYS ANCIUKS. White YRS. 7a. B RTHPLACE (State or foreign 9 COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED [T NEVER MARRIED DIVORCED [10 CITY OR YOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (I not in hospital 12g JSJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life even if refired; Retired 3e STREET AND NUMBER JSJA, RESIDENCE, Where deceased lived it institution. Residence before The project k ped ! at removal, and in any event 136. COUNTY 8810 Maywood Avenue Springs 940 4 FATHER'S NAME Middle Los! S MOTHER'S MA DEN NAME FIRST last Big Martha Ann Hurst Cox ow requires that the death certificate be Noah 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Daughter Address Yes, na, pi unknown) Same as Item 13. Dorothy C. Donnelly APPROXIMATE DISPOSE 18 CAUSE OF DEATH (Enter only one couse per une for low by ond BETWIFN OWSET AND DEATH PART . DEATH WAS CAUSED BY MAMEDIATE CAUSE of buria, cramation rteriosclero Conditions tiony which gove) burial transit nse to immediate cause la signed by stating the underlying cause l lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CIVEN IN PART 1601 4900 **D FUNERAL DIRECTOR**: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept of Health prior to 9g. DATE OF OPERATION 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO TH 2 o. ACC DENT WAS UNDERLY NO TO HOSPITAL OR ATTENDING PHYSICIAN: 216 TIME OF INJURY 2 c HOW INJURY OCCURRED. Enter nature of injury in Part 1 or Part 2. Hern +8) HOUR A.M OR CONTRIBUTING CAUSE OF DEATH Month Doy Year PM (If either notify medical examiner) 2 e PLACE OF NJURY (AT HOME ARM IREIT FA 'GRY) 2 F LOCATION Street of RED No City or Town Caunty State White Not white of work 22a I certify that (I, (this hasp to attended the deceased frame 19 (20) to Aug 17 19 (8) that (I) two) last saw the deceased at ve an Aug 17 19 (8) and that in (my) (000) approard death accurred on the date and hour and from the causes statedyabave) (100) TO FUNERAL DIRECTOR 22b SIGNATURE 221 DATE SK DEGREE PHYS D. RECTOR 22d. PHYS CIAN 22e ADDRESS 5413 Gedar Lané NAME, TV LGAN Rethesda Maryland 23b DATE 23L NAME OF LEMETERY OR CREMATORY 23d LOCAT ON City of Town 23. BURIAL CREMATION Kounty Silver Spring, BREWOVE ST. IV Maryland 8-20-68 Gate of Heaven Cem. 24 FUMERAL DIRECTOR **ADDRESS** 250. REC D BY RECISTRAR 256 REC STRAP & SICNATURE 30M RFV



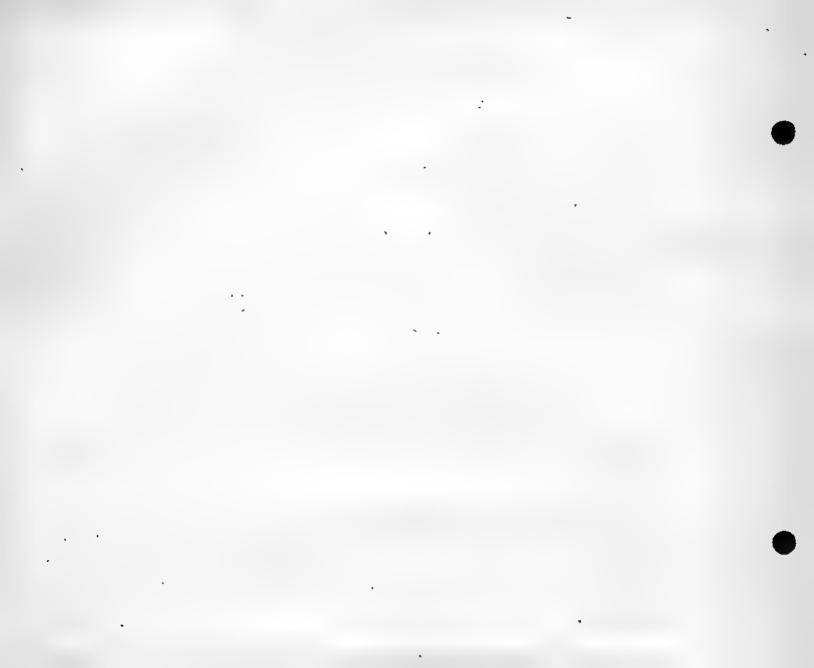
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	MARYLAND STATE DEPARTMENT OF HEALTH											
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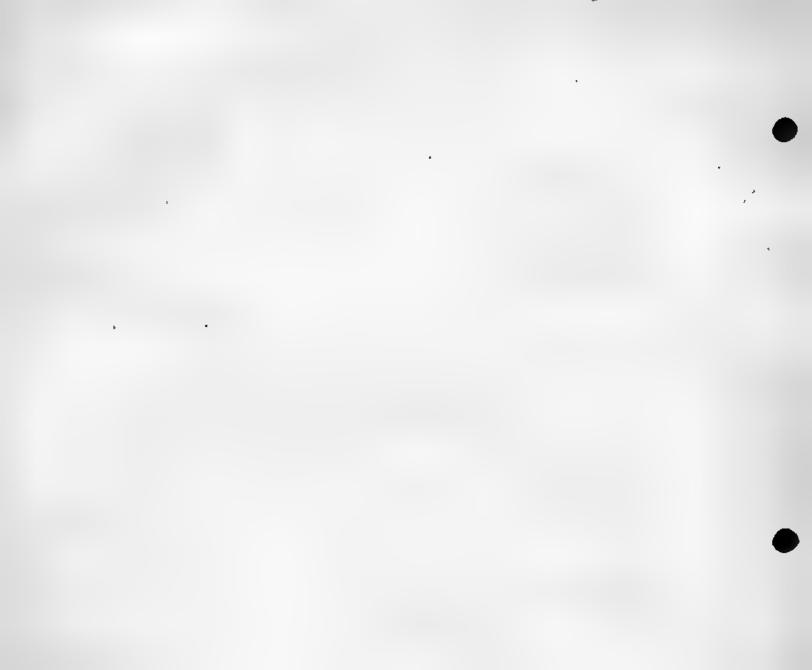
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1	MARYLAND STATE DEPARTMENT OF HEALTH	
	1 6 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	11704
OR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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	Minum Peter Deposite Vicketer .	sellore
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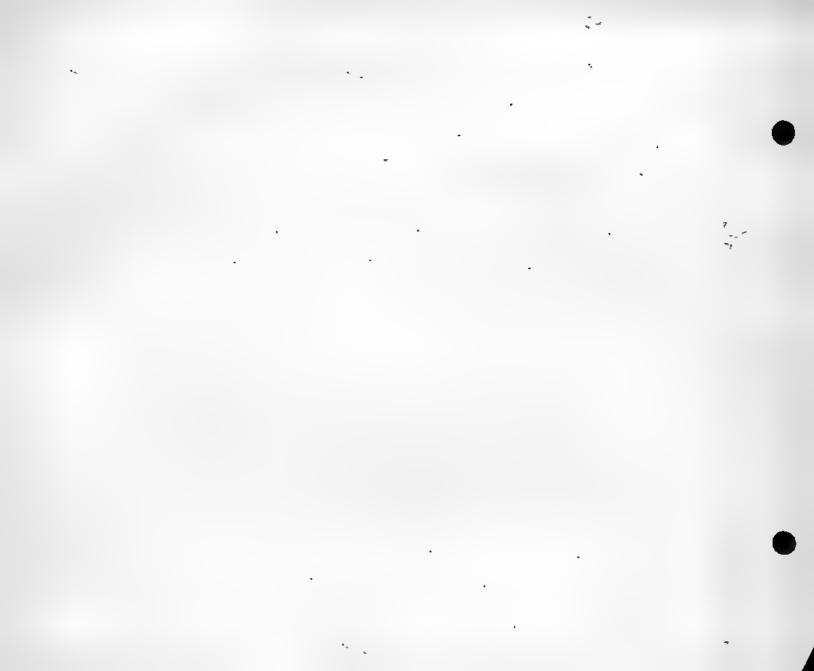
MARYLAND STATE DEPARTMENT OF HEALTH DÍVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH EALTH DEPT I DECLASED NAME Fifst Middle Zo BATE KNOWN Dov Year Type or Prints OF EST ARTIN 12a m DERBALIAN 10 68 DEATH MATED S DATE OF B RTH 6 AGE 11- years IF JMOKR YEAR IF UNDER 24 HRS 2L DATE PRONOUNCED DEAD 3 SEX 4. RACE 2d HOLE HOURs. 38 Wh. 04/05/18 10 To BIRTHP ALE (Stole or toreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WAR K'IDOWEDSK'SK D VORCED : 1 Montgomery Q CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION , Finat in hospital 20 USUAL OFFEPA 10N (Kind of work done 126 KIND OF BUSINESS OR give street oddrestholvCrosshospital" Prottod SilverSpring Green -empl 130 USUAL RESIDENCE, Where decrosed lived it institution. Residence being a 13c CITY OR TOWN 3d HOLDER OF IMPISE 13e STREET AND NUMBER 36 COUNMOntgomerySilverSpr 8502-16thStreet YES KIND 4 FATHER S NAME Middle S. MOTHER'S MAIDEN NAME Middle KAZCNJIAN BIBIRAN DERBALIAN 17 INFORMANT ADDRESS 65 MANOR OR TABL SOCIAL SECURITY NO (Yes no or unknown) NEWARK, NJ ADOP DERBALIAN APPROXIMATE MITERYA IB. CAUSE OF DEATH (Enter only one couse per breaks: fo, BETWEIN ONSE! AND DIATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE FOR DUÉ TO OR AS A CONSEQUENCE OF Conditions if any which gove rue to immediate rouse a wring the word stoling the underlying couse \subseteq PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101 0 nsed TO DATE OF OPERATION 19b. COND TION FOR WHICH OPERAT ON 20 AUTOPSY7 WAS PERFORMED? YES [2 O EXTERNAL CAUSE WAS 2 b TIME OF NUJRY Month, Day Year 2 c HOW NULRY OCCURRED Enter noture at injury in Part 1 or Part 2 ftem 8) PRIMARY OR CONTRIBUTING HOUR A.M. 3 CAUSE OF DEATH 2 d NJURY OCCURRED 2 F LOCATION Street or R.F.D. No. 2 e PLACE OF INLURY At home form, street, City o Town (ounty State foctory, office building, etc.) NOT WHILE 22a I certify that Look charge of the remains described above held on Autopsy [1] and in my apinian Inspection death resulted from Natura causes Hamicide. Undelermined manner Suicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S ДΩ Health NAME Type 0 236 BURYA CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY MOVAL Specify 68 CIM WASK SULTELAN 256 RECISTRAR'S SICINATURE VR ATSME (5) IOM REV 1768

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- 1	П	11700	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BAI	LTIMORE, MARYLAND 21201	1701
6	ш	77100		CERTIFICATE OF DEATH		
E _ NE		ECEASED NAME first	Middle	Losi	20. DATE OF DEATH	J 2b HOUR
death and 2	1	ype or print) 1) @	Rethy I	-D1991NS	Month Day	1968 90 M
	3. 5	X	4. RACE	S DATE OF BRITH	6 AGE (In years	IF UNDER 1 "EAR" IF JINGER 24 HR
专人经验	1-1	# ph	Cause	11-29-2	(lost birthdoy)	MONTHS BAYS HOURS MAN
The same	70	BIRTHPLACE (State or foreign	76 CT ZEN OF WHAT COUNTRY?	10	P COUNTY OF DEATH	
opers n 72 ho		New Jersey	US	MARRIED NEVER MARRIED DIVORCED	Montgomery	MA
pupers hun 72 h	Û.	TY OR TOWN OF DEATH	, NAME OF HOSPIFAL OR N	STATUTION (It not in hospital 20 US	CAL OCCUPATION (Kind at work done	26 K ND OF BUSINESS OR
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E E	1		my one cause per une for (o), (b, and c)		/	AFFROXAMIT AFTERVAL OFFRED ONSET AND DIATH
permit The	Н	PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (a) Sect-a	rachmend &	emmercago	4 Jays
of Health prior to burial, cremation or			DUE TO, OR AS A CONSEQUENCE OF		W	1 /
nat	П	Conditions if any, which gave rise to immediate cause (a).	(b)			
rer	П	stating the underlying cause	DUE TO OR AS A CONSEQUENCE OF			
á		last.	(c)			
٥	П		NOTIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OF	RECONDITION GIVEN IN PART I(a)	
1	ď	1055en/1	al Hyper Te	nsion		
	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
- ^	P TIP			YES 🗀 NO [
, ,	1 N	210 ACCIDENT WAS UNDERLYING CAUSE OF DEA			iter nature of injury in Part 1 or Part 2 1	Item 18.)
ē	MEDIC.	Ill either, natify medical exami	ner) P.M	9		
<u> </u>	1 3	2 d IN URY OCCURRED 2 to White I'm Not white I'm	PLACE OF INJURY (AT HOME FARM, STREET FA	(TORY) 211 LOCATION Street or RFD. I	No. C ty or Tawn	County State
Stare Dept	П	While the Not while of work	2	2/2 / 10	1	7.12 ·
5	П	22a. I certify that (I) (th	is hospital) attended the deceas	ed from, 19. 19, and that in (my) (our) a	(a)X, to X/3(), 19	, that (I) (we) last
£ 5		causes stated above	e, (I) (we) (did) (did nat) view the	bady after death	pinian abarn occurred an the da	re and nour and train me
shauld with the		22h. SIGNATURE	-17	/	22c (DATE SIGNED
3 5			1Denne	DEGREE PHYS.	D RECTOR D STAFF D 8	30/68
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ο pe		NAME (Type) KAY	mond 1. Dens	ck mo 445	Colie DR INN	paten md.
ng n	230	BUR AL CREMATION. 236.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
ᅜ	Ī	REMOVA. (Specify)	pt. 3,1968 Mt.	Olivet	Washington, D.	
5 (4)	24	FUNFRAL DIRECTOR	uneral home-1331	Rockville Rik&F	BY REGISTRAR 256 REGISTRAR'S	
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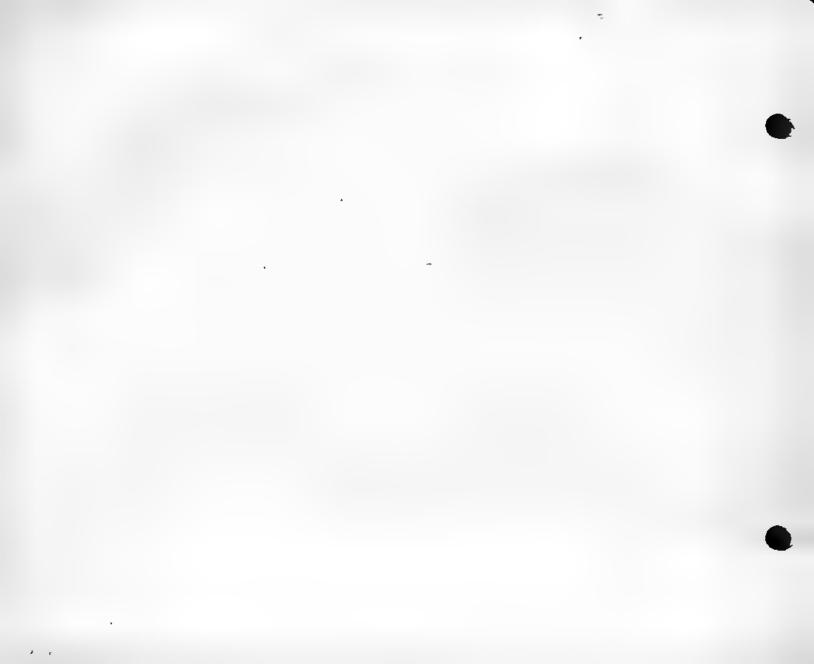
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1		11702	DIVISION O		301 W PRE			E, MARYLAND 21201	. 770:)
01 -	0	ECEASED NAME	First	Middle	ELITTI TON	lest		DATE OF DEATH		25 HOUR
er death			Mary	Catherine	Dodg				Doy Year 4	75% M
	3 SE	Female	4 RACE	White		DATE OF BIRTH		AGE (In years	MONTHS DAYS F	F UMDER 24 HRS. HOURS MIN
	70	BIRTHPLACE (State or Toreign	76 (T 750 OF	WHAT COUNTRY?	,			194 VR	5.	
	cour		U. S.		8. MARR.ED W DOWAD	D VORCE	ID	Montgomery		Md
	1	CITY OR TOWN OF DEATH	1	NAME OF HOSPITAL OR INS	I ton tl) MOITUTE	-		JPAT ON Kind of work don		SINESS OR
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	adm:	JSUAL RES DENCE (Where de issian) STATE Md.	3P, CORNER	Frederick	3: CITY OR TO		F2 🐺 WO 🗌	13e STREET AND NLMBER		
ı	14	FATHER'S NAME First	Middle			OTHER 5 MAID		Middle		tost
	L	₩.	W.	Нооре			Virg	zinia		due
		WAS DECEASED EVER IN U.S. (es, no. o) unknown)	ARMED FORCES? give woll or dones or service	579-48-35	67D Mis:		rice Dodg	ge-2733 Ordwa		D.C.
		18. CAUSE OF DEATH (Ente	b only one cause per	line for o', (b) and c).)				APPROXIMAT BETWEEN ONSE	TE INTERVAL ET ANO DEATH
		PART I DEATH WAS CA	AUSED BY MEDIATE (AUSE (o)	Lor one		dein	7 CON C		4 7.	Guita
		** 1		R AS A CONSEQUENCE OF			^			
		Canditions, if any which gi		arterio	26.81.31	tic	terent	disease	15.20	years
		stoting the underlying co		R AS A CONSEQUENCE OF						0
		lost	(c)_							
		PART 2 OTHER SIGNIFICANT	L COND HON? COMIKE	BUTING TO DEATH BUT NO	OF RELATED TO TH	IE TERMINAL D	IISEASE ORCONDITI	DN GIVEN IN PART I(0)		
	T ON	19th DATE OF OPERATION	195 COMPITION FOR 1	WHICH OPERATION WAS PE	PEOPMED	20a. AUTOPSY	Y2	20b IF YES, WERE FINDINGS	S CONSIDERED IN CERT	TIEVING
J	CEREFFICAT	THE ORIE OF OFERENOR	170. CONOTROL TOR	WINEL OF EXAMENT WAS TE	NI OKIMED	YES 🔲	 H0 🖃	CAUSES OF DEATH?	COURSE HE CAN	11.10
		21a ACCIDENT WAS UNDER	M. M	OF INJURY	21c HOW			of injury in Port 3 or Part	7 Nem 18.)	-
	3	OR CONTRIBUTING CAUSE OF								
	MED			Y (AT HOME FARM, STREET FAC OFFICE BUILDING, ETT		110% Street o	or RFD No.	Elfy or Town	County	State
		22o. I certify that (3)	(this hospital) o	tended the decease	ed from_ da	24.21	<u>لا ما ۱۹ سع</u>	10 Aug. 14 1	19 <u>/ 25</u> , that (1	I) (we) lost
	П	sow the decease	d olive on Z	heq . 12	9 <u>/∠ ∂</u> , on d ti	bat in (my).	(aur) apın an (leath accurred on the	date and hour on	nd from the
	1	22b SIGNATURE	pave, (I) (we) (al	d) (did ⁱ nat) view the l	paay arier oed	an		72	C DATE SIGNED	
		r r	La Lin	bnan, 711	C DEGREE	ATTENDING PHYS	MED DIRECTO	- STAFE - 4	war 14	191.8
		224 PHYSICIAN S		J				-Kensington	143 114 17	7 140 -
1		NAME (Type) Ka	tharino A	. Chapman		B924Ba	alto. Ave	-Kensington	Md.	
	230	BELLET &	23b DATE		CEMETERY OR CR			LOCATION (City or Town)	(County)	(Stote)
	24		Aug. 16-1		ick Mem		So. REC'D BY REG	of Frederic		
	24	FUNERAL DIRECTOR & M.R. Etchison	& Son	Frederic	K, Md.2		NATE AUG I		Constantial	- fu



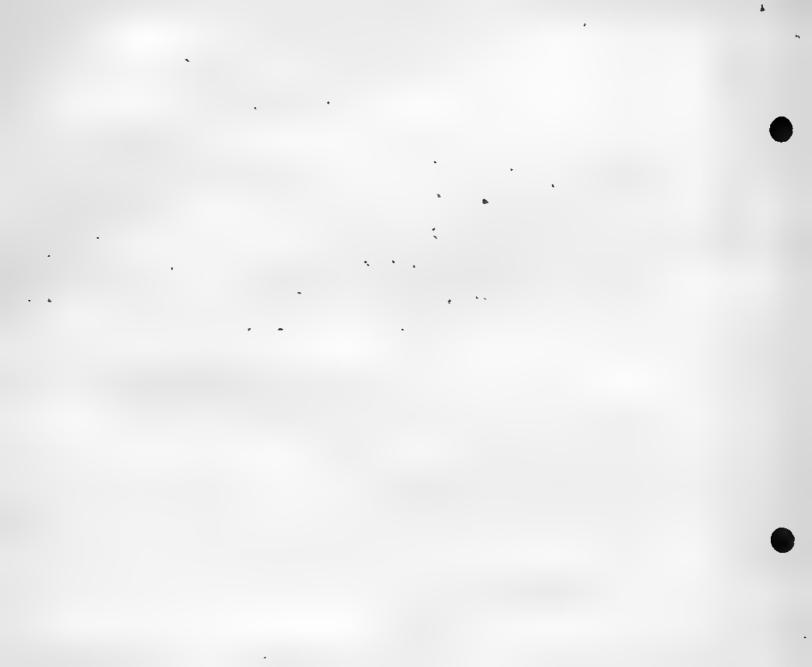
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11703 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME First 20 DATE OF DEATH (Type or print) Lottie Eberly August 4 RACE S DATE OF BRTH 84 MONTES White 11/29/83 Female 76 CITEZEN OF WHAT COUNTRY? 7a. BIRTHPLACE State or foreign 9 COUNTY OF DEATH MARRIED THE NEVER MARRIED ountry] Va. Montgomery County U.S. DIVORCED [77] WIDOWED K 10 CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INSTITUT ON 1 that in haspital 120 USUA, OCCUPATION Kind of work done 12b KIND OF BUSINESS OR give street address) Washington San. Takoma Park. Md. during most of waking felleven it retired Housewife lease remave carbon comp etel 13a. JSuA: RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN and in any event 3d INSPOSE CITY LIMITS? 3a STREET AND NUMBER requires that the death certificate be exercited odmission; STATE 136 COUNTY D.C. 4 FATHER'S NAME Middle S MOTHER'S MA DEN WAME FIRST 16a, WAS DECEASED EVERYIN U.S. ARMED FORCES? 166 SOCIALISE JRITY NO 7 NEORMANY') Yes, no or upknown) I Ili vas give wor or dates at service 8 CAUSE OF DEATH Enter only one couse per line for o), b), and (c,)
PART I DEATH WAS CAUSED BY BETWEEN OWSET AND DEASE signed by the attend burial-transit permit 10 days MANEDIATE CALSE (a) Congestive Heart Failure DUE TO, OR AS A CONSEQUENCE OF Conditions if any which gave a 15 years Arterio-sclorotic Heart Disease rse to (mmediate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(Agranulycitic Anemia 2 years PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (D) Generalized Arteriosclorosis - 15 years ECTOR: After this certificate has been 3 should be detached for use as the with the State Dept of Health priar to 9a. DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [T NO 🗔 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW NURY OCCURRED (Enter noture of injury in Part 1 or Part 2 (feets 18) OR COMPRESSIONS CAUSE OF DEATH HOUR A.M. Month Day Year (If either motify medical examiner) 216 PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 216 LOCATION Street or R.F.D. No. 21d INJURY DECURRED City or Town County White Hat while at work 22a. I certify that (I) (this haspital) attended the deceased from 5/24/68 19 to 8/30/68 saw the deceased a ive on 8/30/68. 19 and that in (my) (exc) apinion death occurred on O FUNERAL DIRECTOR: After 19 _____, that (I) (we) last saw the deseased a ive on 8/30/68 19 , and that in (my) (eve) apinion death accurred on the date and hour and from the courses stated above, (I) (we) (digs,[did not) view the body offer death. 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR Da VOLGREE 8/31/68 22d PHYSICIAN S 22a. ADDRESS MAME (Type) Francis X. Richardson, M.D. 11412 Veirs Mill Road, Wheaton, Md. 28d LOCATION (.ty autown) NAME OF TEME ERYOR REMATORY 930 B R.A. ERFMATION REMOVAL Specify) VR A1514 Milarelly 30M REV



give street oddress) Superior State Sta	Mid OF BUSINESS OR
1 DECEASED NAME (Type or pant) 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In years less turnday YRS months Day Year loss turnday YRS less turnday	M IF UNDER 24 MRS. SE BUSINESS OR Md OF BUSINESS OR
(Type or punt) A RACE S DATE OF BIRTH A RAC	M IF UNDER 24 MRS. SE BUSINESS OR Md OF BUSINESS OR
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The was persased even in its admire process? The social section by the TV INSTOMATION	
Ves. no. or unknown) (It yes give was or days of service) 389-28-4599-11 kobert a Fider-son Same as 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	- 113
The state of payment for any part of the same falls	CAMACT VERVAL MICHAEL AND DEATH
를 등 은 PART I. DEATH WAS CAUSED BY	MONEY AND MAIN
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (o) DLE TO, OR AS A CONSEQUENCE OF	
DLE TO, OR AS A CONSEQUENCE OF	
Conditions, if only which gove) Inse to immediate couse (a). Storing the underlying couse DUE TO OR AS A CONSEQUENCE OF	
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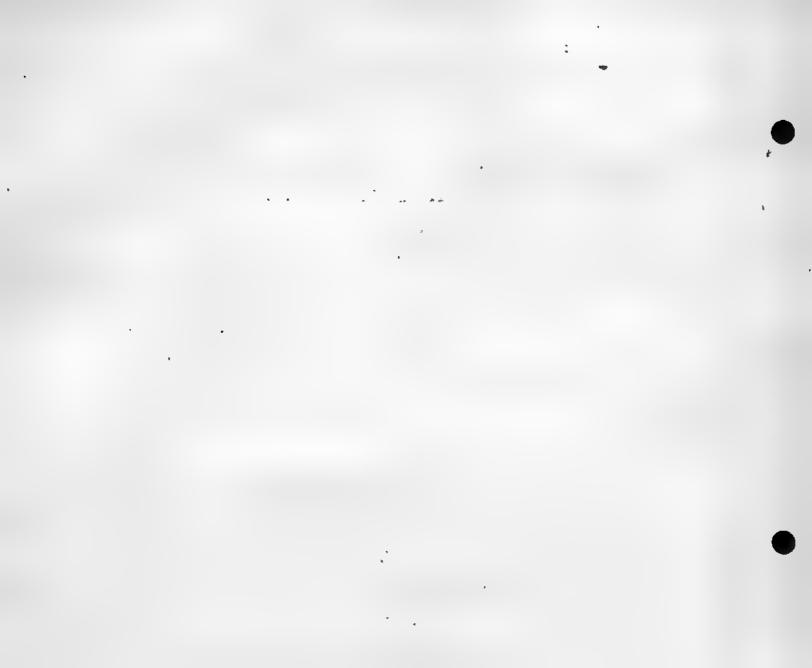


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-MAME First Za DATE KNOWNE Month Year M MORSENAGE (Type or Print) May Evans DEATH MATED IF JAGHE YEAR 3 SEX 4. RACE S DATE OF BIRTH 6 AGE in years IF JAJAK 24 HRS 2c DATE PRONOUNCED DEAD Yeor , 68 Day 9 Manth 11/2/1890 white 77 80 YRS Female 76. BIRTHPLACE (Store or foreign 75 CT ZEN DE WHAT COUNTRY? 9 COUNTY OF GEATH MARRIED NEVER MARRIED TV COUNTY) WASHERENDC USA Montgomery WIDOWED F DIVORCED ! 10 CUTY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION of not in haspital 20 JSUAL OCCUPATION (Kind of work done 26 KIND OF BISINESS OR give street address) NDUSTRIFE Ins Co during most of markenguise polen if retired Silver 3 Holy Cross 130. USUAL RESIDENCE (Where desegred lived, if east lution. Residence be one 3. CITY OR TOWN 38 INSIDE OF YEMATER 13e STREET AND NUMBER Silver Springe NO odmission) STATE MARYLANDSb. COUNTY MORIEGOMERY 12827 Valleywood Dr. ofter 100 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME Fish Middle William Edward Evans Annie Managhane Bou hours podes 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT penol ADDRESS. (Yes, no, equelynown) [H yes give war or dates of service] J E McCormick 2806 denderson (t. henton, 577-10-0525 APPROXIMA F IN LEVAL within to CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (i), PART + DEATH WAS CAUSED BY MMEDIATE CAUSE (6). DUE TO, OR ASIA CONSERNENCE OF Conditions, if any, which gove ase to immediate couse (a). wring the word OR AS A CONSEQUENCE OF stoling the underlying couse 5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 remoyal nseq 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES F 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY Manth, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: CAUSE OF DEATH 218 INPURY OCCURRED 2 e PLACE OF INJURY As home, form street. 2 + OCATION Street or R.F.D. No. State City of Town county factory, office building, etc.) AT WORK AT WORK 22a. I certify that I took charge of the remains described above held on Autopsy ... Inspection X and in my opinion Natural causes Acerdent Undetermined monner Stude: Homicide . CHIEF MEDICAL EXAMINER **ACTUAL** may be re FUNERAL I 225 DATE SIGNED ASSUTANT MEDICAL EXAMINER SIGNATURE ... EXAMENER'S ~ 5 may O PUR Health NAME Type y fown o ounty pe H 23. NAME OF CENTERY OF CREMATURY 230 BUR A (REMAT IN 23b DATE 23d LOCATION City of Alwhy REMOVAL (Specify) Cedar Will Cemetery Suitland Gen 1 750 RECD BY REG STRAR 24 F NERA DIRECTOR REGISTRAR S SIGNATURE Andrew Diwall VR A SME 'S! S. Ad. MC. 3474 4a. DM REV

MARYLAND STATE DEPARTMENT OF HEALTH



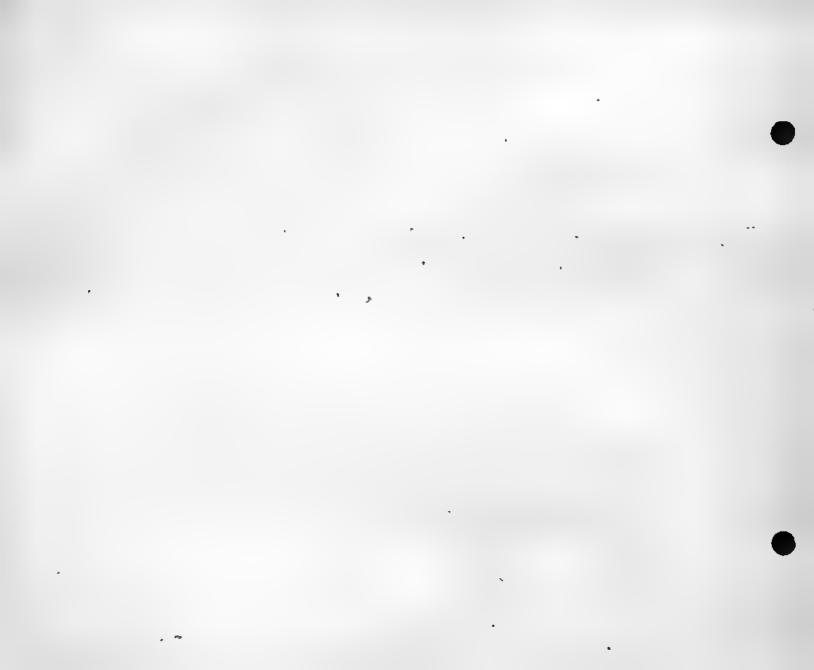
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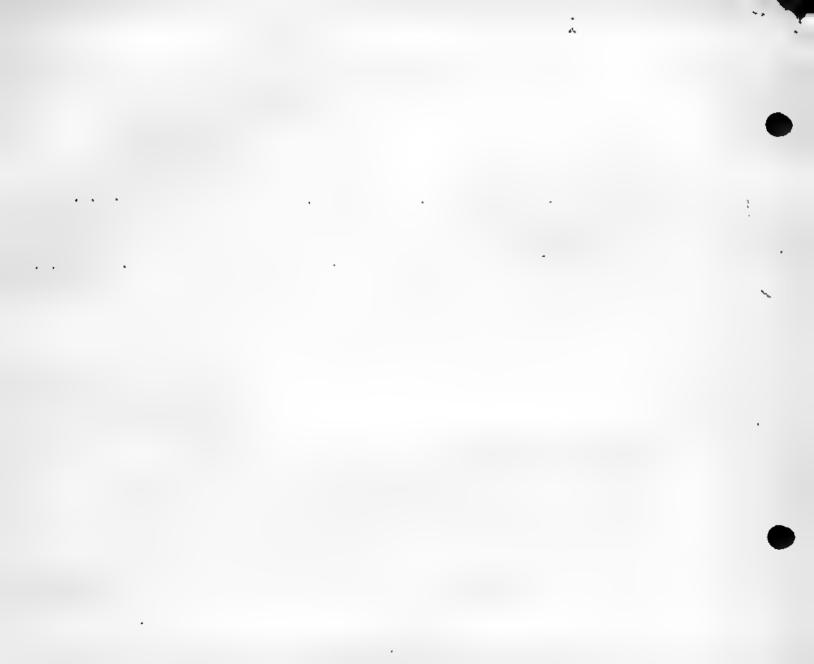


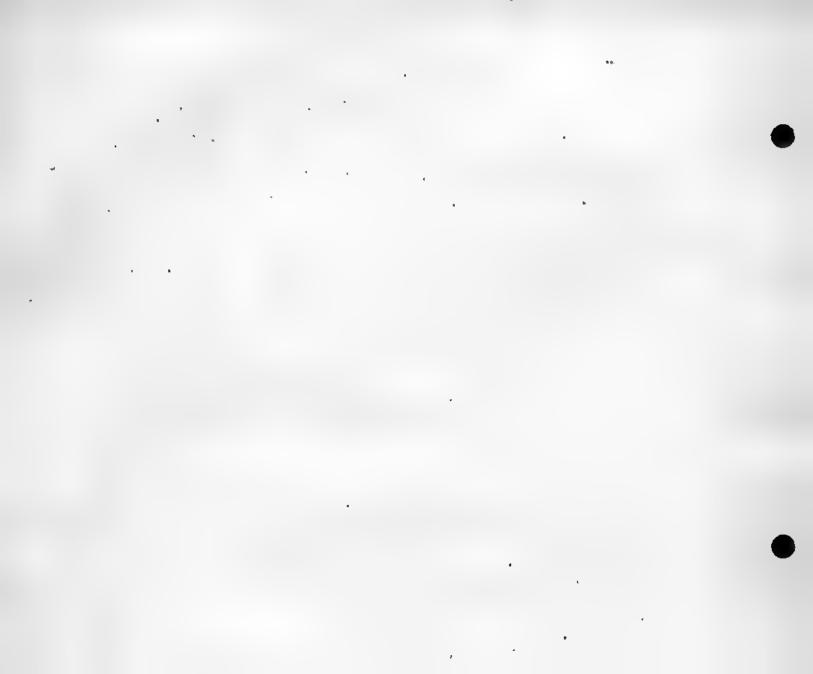
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	11716	DIVISION OF VITAL RECO	RDS, 301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	11717					
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ATTENDING atomed by the CTOR: After to shauld be do the the State	22a. I certify that	(X (this haspital) attended the de	ceased fram July 18	19 68 to August 11) opinion death accurred on the	9_68 that (M) we) last					
END Side A	Sow the derec	obove Time (d.d. & W. W.)	7 .DQ and that in (0\4.1a. the hady after death	ur) opinian death accurred on the (date and have and from the					
ATTER CTOR: shauling	72b Signatures	and to the (we) to a) the service) view	the body directed on	22	c. DATE SIGNED					
or be red w	1/10/	3-1-	DEGREE PHYS	MED DIRECTOR D STAFF DIZ	Aug 68					
AL Day h	22d PHYST ANS	1774	27e ADORESS							
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director page 3 shaulte shau dibe filed with the	NAME (Type R	D. GASKINS		. Hospital, Bethesda	a, Maryland					
HOS GUN GUN	230 B R A. CREMATION.	23b DATE 23c NAN	NE OF CEMETERY OR CREMATORY	23d LOCATION City or Tow-	(County' State)					
0 0 g g	BOTH Stody,			etery, Arlington,	Virginia					
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364 REV 68	Gawler's Fr	uneral Home, 5130 W	1sc. Ave., WDC DATE	AUG i 3 1968 pcc						

MAKTIANU STATE DEPARTMENT OF HEALIM





MAKTLANU SIAIE DEPAKIMENI OF HEALIH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20 DATE OF DEATH DECTASED NAME 26 HOUR (Type of print → 3 SEX 4 RACE IF JMDER 26 HRS within 24 hours offer lest birthdow M.ONTIFE ! Dai 15 HIGHES cremation, or removal, and in ony event, within 72 hour 76 CFF.ZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH To B RTHPLACE (State or foreign B MARRIED MARR ED WIĐOWED | DIVORCED ONIDOMETY 10. CITY OR TOWN OF DEATH 11 HAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION Wind of work down 126. KIND OF BUSINESS OR during most of working life, even it retired.) rsicion and-confiplately l pieose ramove carbon BYING 30 LauAL RESIDENCE, Where decemed aved, if instit from Residence before, Life CIV OR TOWN 3d INSIDE CITY JAMES? 36 STREET AND NUMBER 13b COUNTY L odmission's STATE YES NO Kocky 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Maggie Oslin James F. Floyd requires that the death certificate be physicion (160 WAS DECEASED EVER IN 6 S. ARMED FORCES? 7 INFORMANT 16b SOCIAL SECURITY NO Address 214-16-8937 Yes no or unknown, Gretchen L. Floyd - wife - same item APPROX WATE INTERVAL 18 CAUSE OF DEATH Enter only one couse per ine BETWEEN DOOR AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any which gave : rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF signed by Page 4 may be retained by the haspital or attending physician O FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGN FIGANT CONDITIONS BONTR BUT NO TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE OR CONDITION GIVEN IN PART HOL prior to l use as the 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WASA 20b. IF YES, WERE FINDINGS CONSIDERED IN CERT FYING CAUSES OF DEATH? detoched for use te Dept of Heo th 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AJM. Month Dov (H either notity medical examiner) 2.8. PLACE OF SNJURY (AT HOME ARM STREET FALTORY) 217 LOCATION Street of R.F.D. No. director, page 3 should be detoche should be filed with the State Dept 2 d. INJURY OCCURRED City or Town County Stole White Not white C causes stated above (i) (we) (did) (and not) view the bady after death 226 SIGNATURE 22c DATE SIGNED DIRECTOR 22d PHYSICIAN'S 22e ADDRESS Robert C. Macon MAME (Type) 23d LOCATION (City or Town) 23b DATE 23r NAME OF CEMETERY OR CREMATORY 230 BUR ALL REMATION Buffly Preofrance 8/3/68 Caney Spring, Tennessee Allen Cemetery 0 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 199年 Rock. Pike 24 RUNERAL DIRECTOR VR A15 (4) DAAUG 5 1968 Tyson Wheeler Funeral Home Rockville. Md.





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P.M.3

the funeral director. Page 4 shawd be forwarded to the Chief Medica. Examiners Office along with farm

5 may be retained for your files to exect as a burial transit permit file pages. Health pranta buriar cremation, ar remayar and in any event within 72 haurs

may be reformed for

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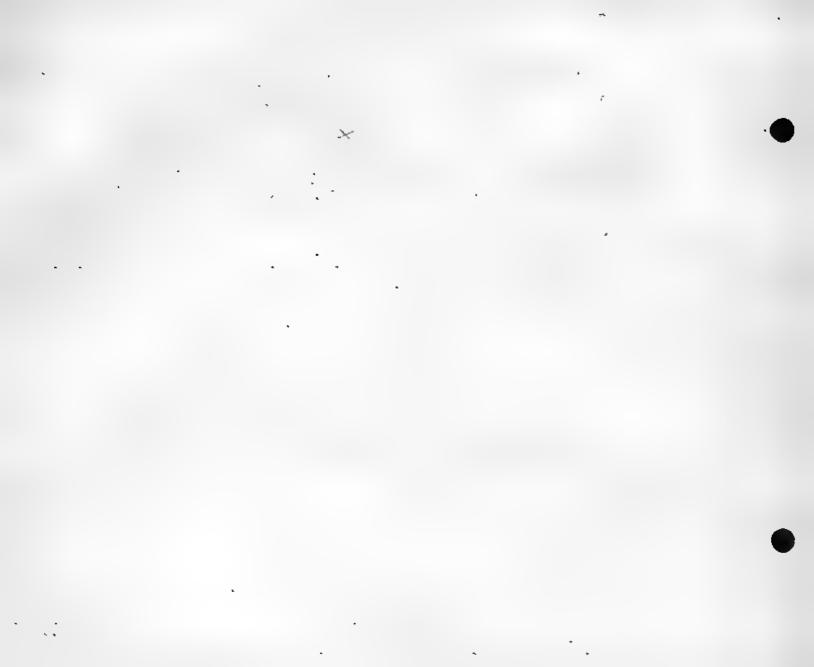
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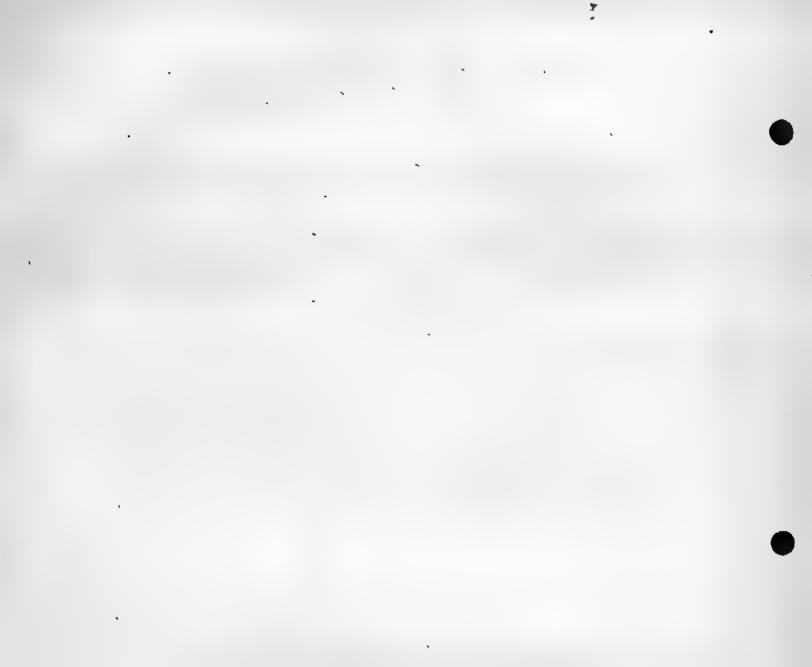
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND, 2)201 0 /3 6 /4 2 ...

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CERTIFICAT			. 1	WAS PERFORMED	7						YES	ONO Z
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	AT WORK		ory, office building	, etc.)								
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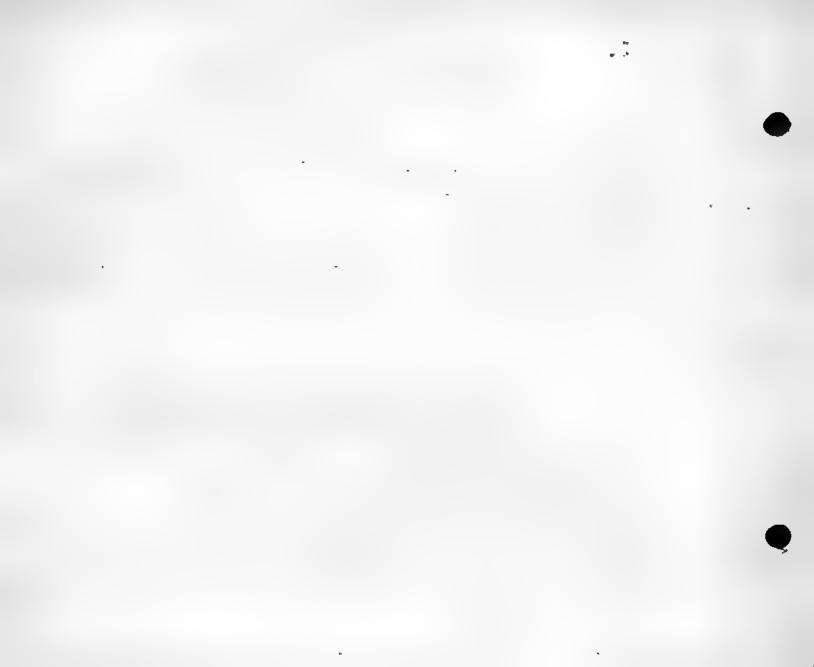
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1	11717 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
Ī	DECEASED NAME First / Middle Lost 20 DATE OF DEATH 26 HOUR
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3.	SEX A RACE S. DATE OF BOTH 6. AGE (In yours 10 UNDER 3 YEAR IN UNDER 24 HR)
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1	FATHER'S NAME FIRST Middle Lost S MOTHER'S MAJDEN NAME First Middle Cost
L	UNKNOWN UNKNOWN
ľ	10. WAS DECEASED EVER IN 5 ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address C- WINITTIEN P.
	You of grand or of the grand of the o
	18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).) APPROXIMATE MITERY BETWEEN DINSET AND OFATH
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	410 P DUE TO, OR AS A CONSEQUENCE OF
L	(conditions, of only, which gave)
	rise to remediate couse (a).
ı	storing the underlying couse DUE 10, OR AS A CONSEQUENCE OF
ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1,0)
	90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
1000	CAUSES OF REALITY
The sale	YES NO PAGES OF DEPUTY YES NO PAGES OF DEPUTY 1210. ACCIDENT WAS UNDERLYING 1210 TIME OF INJURY
	TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SAFE BY	IT either notify medical exominer) i F.m. [y
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	While Not while Of work of work
	22a I certify that (I) (this haspital) attended the deceased from Livy 19 to Livy 19 to 10 to 19
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECLASED NAME \$ 51 Middle Last 2a DATE KNOWNER Marth Dov Year SP HORE Type o Print) ANNA MARIE GARRETSON 9 15 3 to Poge .68 8:55T DEATH MATED DATE OF BIRTH DAM 3 SEX 4 RACE 6 AGE (In years 11 UNDER YEAR IF JMD:R 24 HRS 2. DATE PRONOUNCED DEAD 2d HOUR Day 13 P.M.3 . 68 8:55p Female White 70 BIRTHPLACE State or foreign 76 (TIZEN OF WHAT COUNTRY? MARRIED IN NEVER MARRIED **9 COUNTY OF DEATH** 8 .BV.Who USA Montgomery WHOOWED [DIVORCED [T D C TY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR NSTITLT ON I not a hospital 120 JSJAL OCCUPATION I'K not of work done 26 KIND OF BUSINESS OR give street oddress) " Housewife ben home Takoma Park. Wash.San.& Hosp. 36 LSDA RES DENCE Where deceased yield it institution Residence before 31 LTY OR TOWN 3d RYMDE FITY IM 'S 3e STREET AND NUMBER 1/36 COUNTY Montgomery odmission) STATE 1022 University Blvd., E. S.S. YES FC" NO ! 4. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Middle William Burnette Sarah hours IND WAS DELEASED EVER NO. S ARMED FORCES? Ab SOCIAL SECURITY NO **17 INFORMANT** ADDRESS 1022 Jerry Tipton - Daughter [. 5.5 235-568-005 APPREXIMATE IN THA 18 CAUSE OF DEATH (Enter only one cause per wee BETWEEN DWISET AND GRATE PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) ₽VB ₽º DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immed ate couse (o). DUE TO OR AS A CONSEQUENCE OF stating the underlying couse 드 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE BERMINA, DISEASE OR CONDITION & YEN IN PART (O 19a. DATE OF OPERATION .96 CONDITION FOR WHICH OPERATION 20. ALTOPSY? WAS PERFORMED? YES [210. EXTERNAL CAUSE WAS 21b. T-ME OF INJURY Month, Day Year PRIMARY OR CONTRIBLTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PACE OF NIDEY At home form street 2 F LOCATION Street or R F D WHILE AT WORK AT WORK AT WORK to tory office burids 6300 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspectión 💢 Majory 13 and it my apinion death resulted from __Notural causes __ Accident 21 Saicide Hamicide | Undetermined manner ACTUAL 22b. DATE SIGNED SIGNATURE Belden R. Reap, MD NAME (Type à. 23b DA f 23c BUR A CREMATION 23c NAME OF CEMETERY OR CHEMATORY DLATION 'N or lown) REMOYAL (Specify) Parklawn Cenetery Rockwille Monta 250 RECID BY REGISTRAR WE A SME SI Pumphrey.



MAKTLAND STATE DEPAKTMENT OF HEALTH

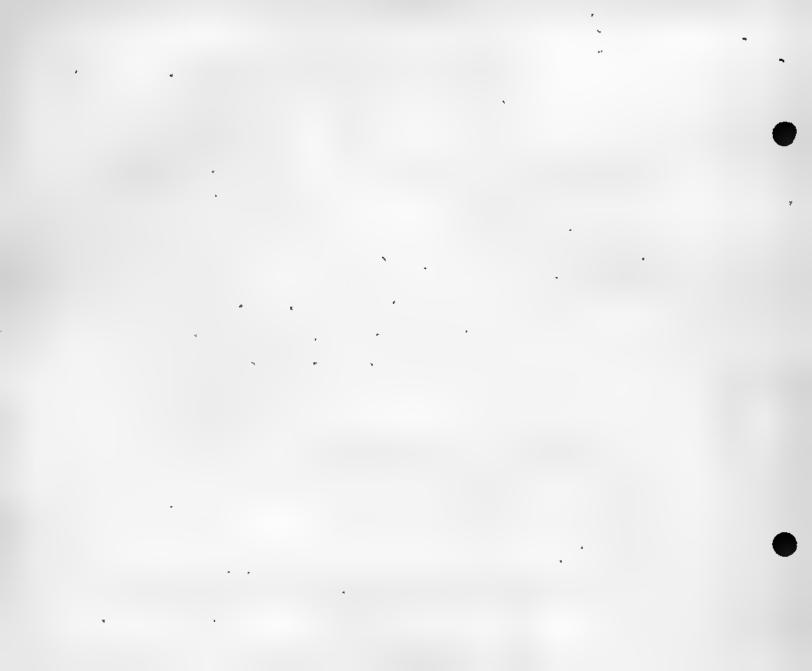


	MARYLAND STATE DEPARTMENT OF HEALTH
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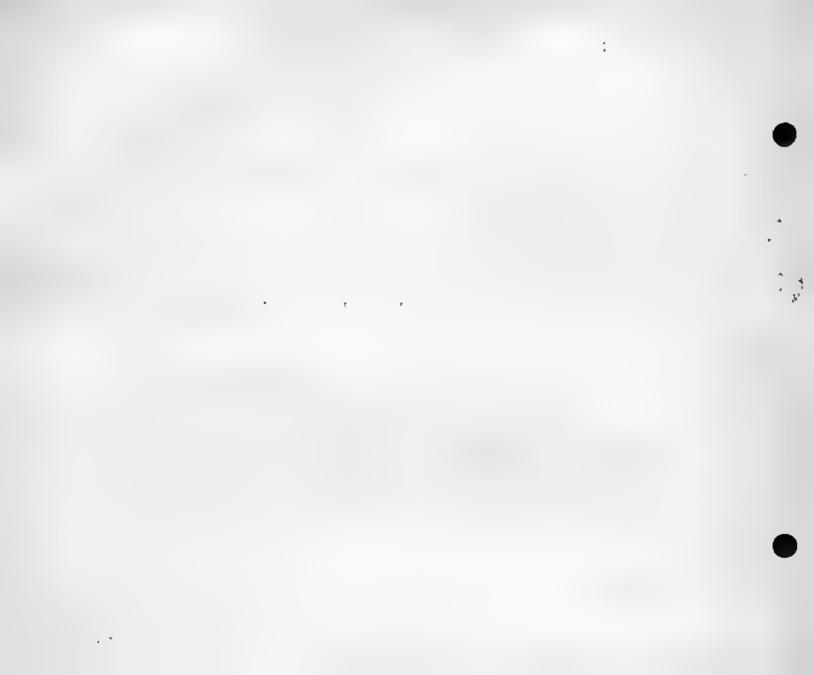


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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the hospital or attending physic TO FUNERAL DIRECTOR: After this certificate has been signed director, page 3 should be detached for use as the burial should be filed with the State Dept of Health prior to burial	22-	BUR AL CREMATION, 23b. DATE / 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)							
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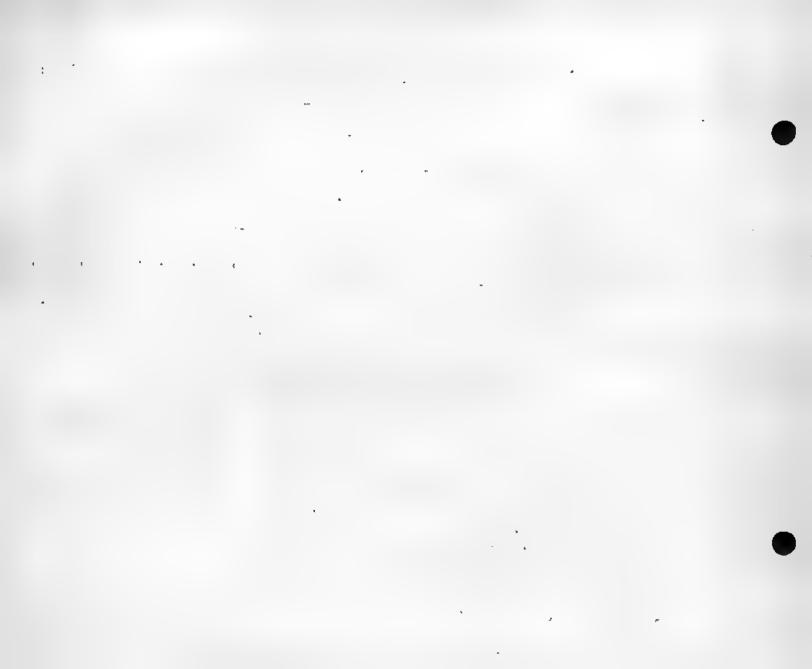
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	tartary office hubbing etc.	County Store
	22a I certify that tack charge of the remains described above, held on Autopsy (2), Inspection (3) Inquiry (2), death resulted from Natural causes (1), Accident (1), Suicide (2) Hambicide (1) Undetermined manner (2)	and in my apinian
2	ACTUAL SECTION STATE STATE AND ASSISTANT MEDICAL EXAMINER 226 DATE STO	GNED 15, 1968
λ I	230 FR. DREMATION, 230 PATE 23, NAME OF CEMETERY OR CREMATORY GARDEN FALLS CHURCH REMOVAL (Specify 8/16/68 KINGDAVID MEM GARDEN FALLS CHURCH	iounty) (State)
	B. DANZANSKY SONS 3501-1415 SANDRESS WASH DC. DATE AUG 19 1958 REGISTRAL DATE	Her Judge



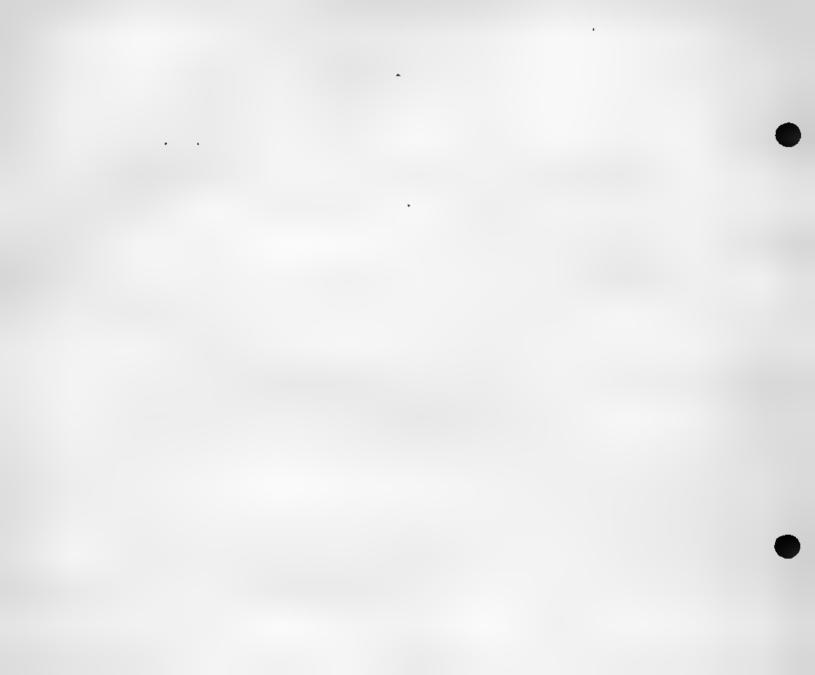
18	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	737
FOR STATE	### MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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VILA SME (S)	Harner E. Dumphrey 9 C. 8434 Ga. Ave S.S. Md. DATT SEP 5 1968 Police	res Judge

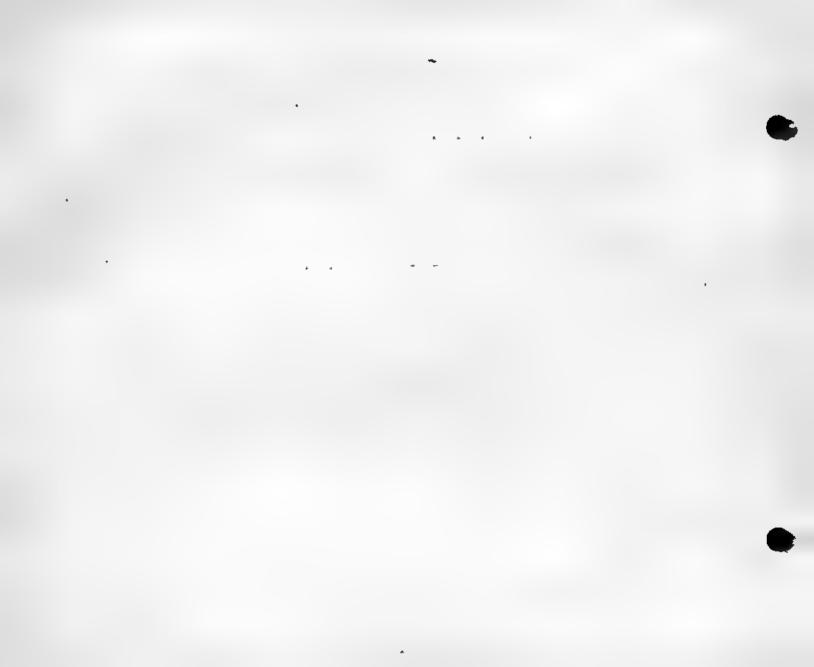
MARYLAND STATE DEPARTMENT OF HEALTH





1	MARYLAND STATE DEPARTMENT OF HEALTH 1170 to division of vital records, 301 w preston street, Baltimore, Maryland 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH GARLAND TEDDY GREEN
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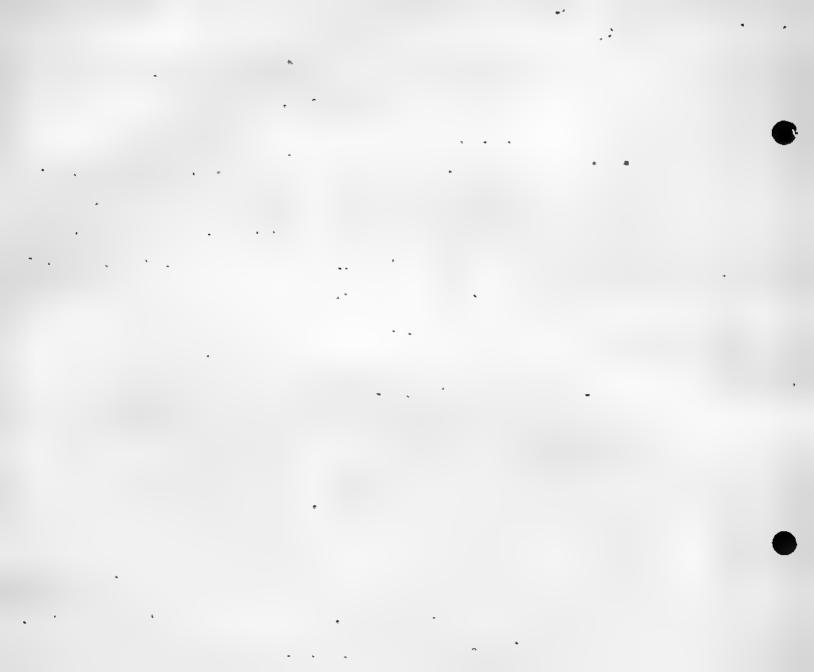




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Last 20. DATE OF DEATH 2b HOUR. death (Type or print) Henry Hurter Grosse August ofter w thin 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER YEAR 18 December 1927 White Male 7a. BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 1 NEVER MARR ED Med in country) DIVORCED TT Montgomery Maryland USA WIDOWED 10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION Kind of work done 126 KIND OF BUSINESS OR please remave carbon Rethesda burial, cremation, or removal, and in any event 13a JSUAL RESIDENCE (Where deceased avaid it institution. Residence before 13c CITY OR TOWN 3e STREET AND NUMBER 3d MASIDE CITY MAINS? 113B Montgomery Mary land 23013 Ridge Rd. P. O. Box Germantown 4 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST The law requires that the death certificate be ex LOST Susan Winsch Grosse Ernest 17 INFORMANT The Medical Record 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO Address Rethesda Md ATT 577-32-9506 The Clinical Center, NIH. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSIT AND DOATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Pneumonia 36 hours signed by the attend burial-transit permit DUE TO, OR AS A CONSEQUENCE OF Metastatic Malignant Melanoma 6 years rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART III. FUNERAL DIRECTOR: After this certificate has been irector, page 3 should be detached for use as the hand he fled with the State Dept of Health prior to 19th DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES D NO [T 2.a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) TOR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Munth Day P.M (If either, notify medical examiner) 216 PLACE OF INJURY (AT HOME FARM STREET HACTORY) 2 1 LOCATION Street or R.F.O. No. City of Town County While hat while at work 22a. I certify that (1) (this haspital) attended the deceased from 8. July 19.68, ta21. August, 19.68, that (1) (we) last saw the deceased a ive an 21. August 1968, and that in (cor) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (accord) view the body after death 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE 21 August 1968 DIRECTOR 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Peter G. Burk, M.D. Institutes of Health, Bethesda, Maryland 23d LOCATION (f ty or Town) 23c. NAME OF CEMETERY OR CREMATORY 23d BUR AL CREMATION 23b DATE (Countri) (State) S.Perkasie Evangelical 256 REGISTRAR'S SIGNATUR 250. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR **VR A1514** Olin L. Molesworth, Damascus, Md. 30M REV 1768



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME n Figst اعص 26 HOUR and 2 24 haurs after death (Type or print n 417282 ytoues 3. SEX IF UNDER 1 YEAR. Male 4. RACE S DATE OF BIRTH 6. AGE (In years hite June 19. 1894 To BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED DE NEVER MARR ED country) Montgomeru DIVORCED [WIDOWED [NAME OF HOSPITAL OR INSTITUTE ON IN TOTAL OF WORK DONE D CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR requires that the death certificate be executed within during mast of working the even if retired.) Silver Sprunz and in any event, wit 30 JSL AL RES DENCE (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER admyssion) STATE 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST First Lost Southard William Josephine 440001 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 NFORMANT Yes, ng. pr unknown) Groves 2703 Parker Ave. Sil. Spr. cremotion or regova 18. CAUSE OF DEATH (enter only one couse per line for (o), (b) and, c),(PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) Conditions it any which gave) nse to immed ate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying touse prior to bur of. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOF RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 160 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFY NO 190, DATE OF OPERATION 20a. AUTOPSY? 196, CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? er this certificate has detached for use a se Dept of Health p YES [21a ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 21c. HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year If either natity medical examiner) 21e PLACE OF INITIRY (AT HOME FARM STREET, FACTORY) 211. LOCATION Street or R.F.D. No. 2 d INDURY OCCURRED State City or Town County While No! while of work 22a I certify that (i) (this haspital) attended the deceased from saw the deceased alive an accordance of the deceased from the saw the deceased alive an accordance of the deceased from the saw the deceased alive an accordance of the deceased from the saw the deceased and the date and hour and from the couses stated above (I) (we) (did) (did hat) view the bady after death 22b. SIGNATURE DEGREE 22e, ADDRESS 22d PHYSICIAN S NAME OF CEMETERY OR CREMATORY 23a BUR AL FREMATION 23d LOCATION (City or Town) 236 DATE (County) Rock Creek Cemetery Washington 8-23-68 ъ 25b. REGISTRAR'S SIGNATUR 25a. REC'D BY REGISTRAR VR A15 (4) Pumphrey, Inc. 8434 Ga. Ave. Sil. Spr. Mobile AUG

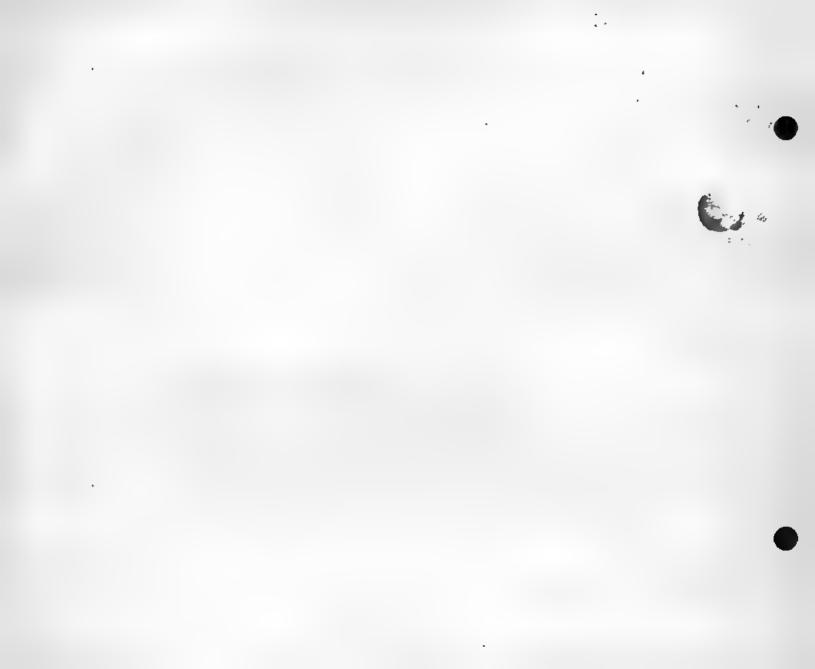


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l	226. SIGNATURE	a. Roberts		D STATE	DATE SIGNED DEUT 18, 1968
		ES A. ROBERTS	22e ADDRESS 8907 GEOR		SPRING, MD
		ug 12, 1968 Ft L	incoln Cemetery	23d LOCATION (City or Town Colman Manor Pro	
2	funeral director F. Gas	ch's Sons Hyattsv	ille, Md. Zso RECO BY		arley Sudge

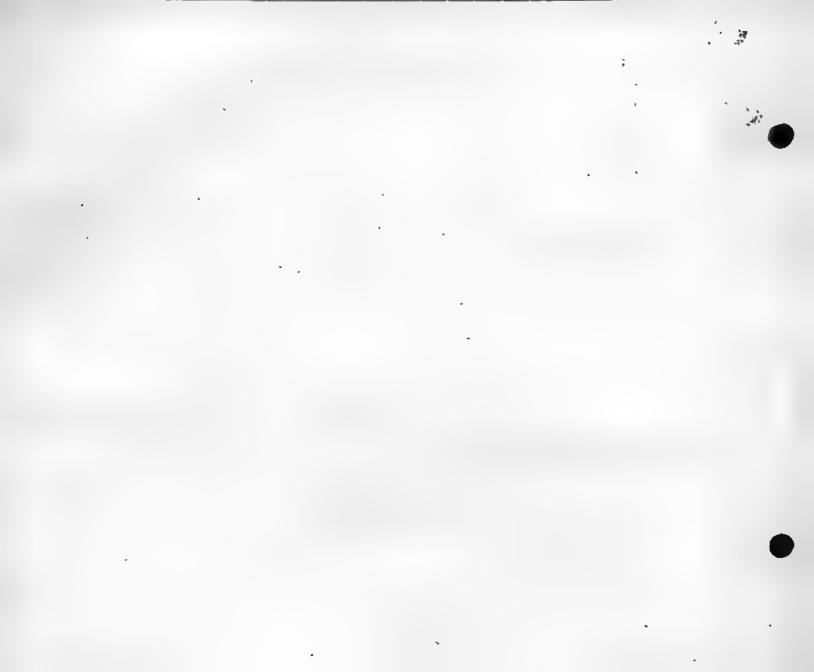




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n er i ve	3	1732 DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201	~39
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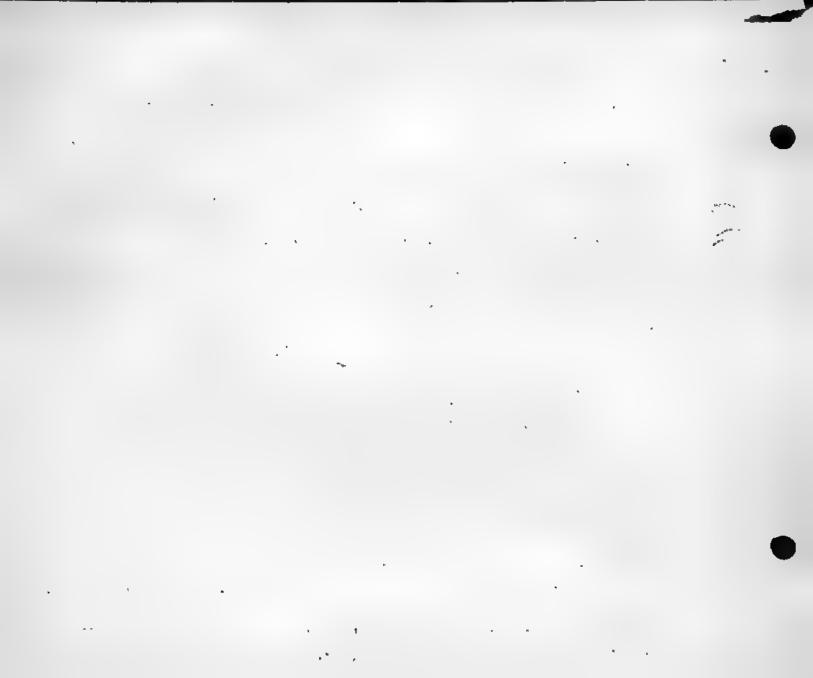
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Furst Middle 20 DATE OF DEATH tast Month au ,Type or point) nes 3 SEX 4. RACE à AGE (in years IF JAYDES YEAR et UNDER 74 MRS lost birthday) DAYS HOURS 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED THE NEVER MARRIED WIDOWED [DIVORCED crematian, ar removal, and in any event, within 13 NAME OF HOSP TAL OR INST EUTION (If not in hospital 120 USUA, OCCUPAT OR Kind of work done O. CITY OR TOWNFOR DEATH 26 KIND OF BUSINESS OR give street address) during most of working life, even if retired) INDUSTRY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with completely 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13. CITY OR TOWN 3d THIS DE CITY IN 1757 13b COUNTY / 4. FATHER'S NAME Middle TS MOTHER'S MAIDEN NAME FIRST LOST puo vames 40mas physician 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Address Yes, no or unknown). 4th yes gave wor or dates of service) APPROXIMATE IN FRAIL attending p 18 CAUSE OF DEATH (Enter only one couse per une for (a), (b), and (c,) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave) burial-transit burial, cremati rise to immediate cause ausigned by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 101 far use as the t ficate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERT FYING 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 2 < HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Tem 18.) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING | CAUSE OF DEATH HOUR A.M. Month Day Year detached f to Dept of I If either natify medical examiner) P.M 19 FUNERAL DIRECTOR: After this cert d rector, page 3 showid be detache should be filed with the State Dept 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 23F .OCATION Street or R.F.D. No. 2 ed INJURY OCCURRED State City or Town (ounty While Not while at work at work 22a. I certify that (I) (this haspital) littlended the deceased from 🛜 📈 🗸 to <u>تهدي 19 .</u> 1960 sow the deceased alive on 8126 .19 63, and that in (my) (our) apinion death occurred on the date and hour and from the be retoined causes stated above, (1) (we) [did] (did not) view the body after death 22c DATE SIGNED 226-SIGNATURE STAFF DEGREE DIRECTOR PHYS. 22d PMYSiCiAN S 22a. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 236 DATE 23d. LOCATION (City o 230 BUR A. CREMATION (County) (State) REMOVAL Spectly) ATON 0 25b. REGISTRAP'S SIGNATURE PHINERAL DIRECTOR 25a REC'D BY REGISTRAR VR A 30M REV 1/68 222WISC AUE



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FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH	742						
	11735 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH						
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230 B RA CREMATON 23b, DATE 23r KAME OF REFERENCE CEMATORY F.A. OLA ON CITY OF TOWN	yland (Sto	В					
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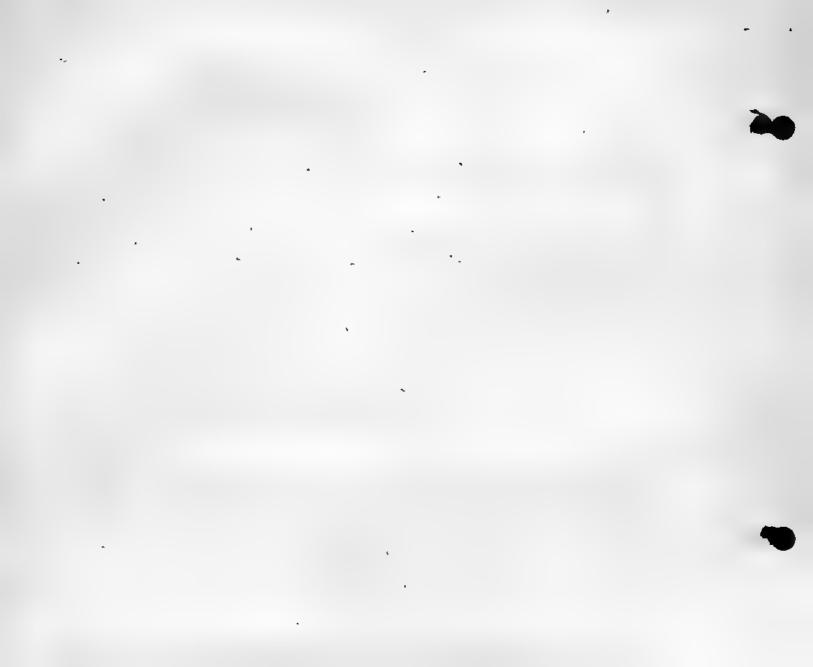


MARYLAND STATE DEPARTMENT OF HEALTH



	MARYLAND STATE DEPARTMENT OF HEALTH
Eath Years	1173 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
HEALTH_DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME F 55 Middle Lost Zo DATE KNOWN X Month Boy Yea. 25 HOUR
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INER: This certificate should be executed within 24 hours e certificate witing the word "pending in pencil in term" should be forwarded to the finet Medical Examiner (1915). Thes. 3 should be used as a bundt transit permit file pages I and 2 along our removal and in any event within 72 hours offer a	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CONCENTION DUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART OF
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AINER: he cert should files. 3 should motion	21d. NJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State
bical Examiner: se execute the cerri- rotor Poge 4 should ned for your files. ECTOR-Page 3 should s bunol cremotion	At Work At Work Thicker outling, etc.)
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SICAL I	death resulted from Natura causes . Accident . Suicide ., Homicide ., Undetermined manner .
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1		11740 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1747
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OR ATI		226 STGRALLER QUELLE CICLE M. D. DEGREE PHYS DIRECTOR DIRECTOR PHYS. D. C. DATI	S GNED 2, 1968
O HOSPITAL Poge 4 may O FUNERAL director pag should be fill		22d. PHYSICIAN'S NAME (Type) E. Clarence Rice, MD 22e. ADDRESS 1150 Connecticut 4ve., N.b.	
TO HOS Page / TO FUN directs		Miller (Specify) August 6, 1968 Linwood Cemetery Weston, Mass.	County) (State)
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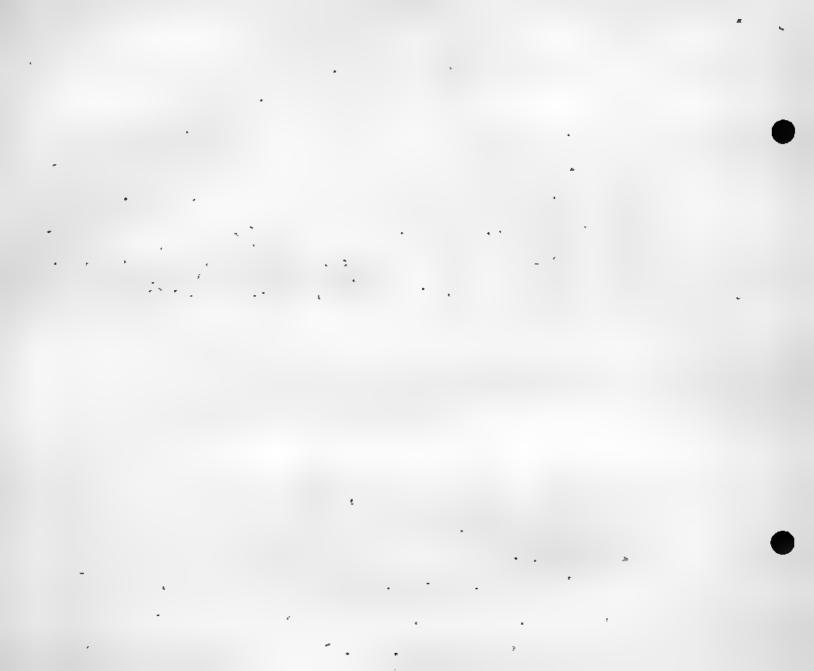


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 21743 CERTIFICATE OF DEATH DECEASED NAME First Middle 20. DATE OF DEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month ella Helmos 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE in years IF INDER YEAR July 18,1878 tost highcov) HOURS (, \hite emale remove coppor papers Page in any event, within 72 hours of 7a BIRTHPLACE State or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] country) DIVORCED T USA WIDOWED 1 Maryland montgomery completely filled MAME OF HOSPITAL OR INSTITUTION (* not in hospital 10 CITY OR FOWN OF DEATH 20 LSLAL OCCUPATION (Kind of work dored 2b KIND OF BUSINESS OR give street oddress; Carroll 1-12-11 INDUSTRY Kensington 30 JSEAL RESIDENCE (Where deceased lived if institution: Residence before 3c CIY OR TOWN odmisson STATE Montgomery Damascus 14. FATHER'S NAME First Middle Lost S MOTHERS MA DEN NAME First Middle Elizabeth Grimes Amos Cooley 166. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 3506 Farragut Ave. Yes, no, or Joknown 217-48-9408 Mrs Ida E. Kensington, Md. on, or remov APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY EREBROVASCULA IMMEDIATE CAUSE (6) DUE 10. OR AS A CONSEQUENCE OF ROCKIOSCHERATIC CEREBROVASC DIS. Conditions, if any, which gave) cremat rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101 of Health prior to has been 90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a ALTOPSY? CAUSES OF DEATH? YES 🗌 this certificate 216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year If either, notify medical exominer) director, page 3 should be detache should be filed with the State Dept 21e. PLACE OF INJURY / AT HOME HARM STREET FACTORY \ 2 f. LOCATION Street or R.F.D. No. 2 d INSURY OCCURRED City or Town County Stote While Not while of work 22a I certify that (i) (this haspital) attended the deceased fram-19 & and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased give on. O FUNERAL DIRECTOR: causes stated above (i) (we) (did) (did nat) view the bady after death 22b SIGNATURE 22 DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYS. 22d. PHYS*CIAN'S NAME Type) 22a. ADDRESS 10400 CONNECTICA 23d .OCATION Cay or Town (County Beallsville, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 B IRIAL CREMATION 23b. DATE Buria (Specify) 8/12/68 Monocacy 'yson Wheeler Funeral Home-1331 Rockville Pike AUG 13 24 FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W PRESTON STREET BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Mrddla 20 DATE OF DEATH Last 26 HOUR TO requires that the deoth certificate be exercited within 24 hours after death (Type or print) August 2:05 Hourihan Eugene Francis 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS 6. AGE (in years 4 July 1911 lost buthday) Male White 76 CITIZEN OF WHAT COUNTRY? 70 B RTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED 🔯 NEVER MARRIED New Jersey USA Montgomery WIDOWED [] DIVORCED [] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (Front in hospital 2a USUA, OCCUPATION Kind of work done 25 KIND OF BUSINESS OR gwiffe Clinical Center Self-employe Bethesda 130 JSUAL RESIDENCE (Where deceased lived it institution: Residence before 13c CITY OR FOWN 3e STREET AND NUMBER 3d DRIVOE LITY UNITS? Washington, DC COUNTY OF B Washington. ICE 5050 MacArthur Boulevard 14. FATHER > NAME First Middle Last 15 MOTHER'S MAIDEN NAME FIRST Middle Hourihan Driscoll Michael J. Brigid 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 IMPORMANT The Medical RecordsAddress Yes, no or unknown) 19112-1946 579-07-8023The Clinical Center, NIH, Bethesda, Md. 2001 18. CAUSE OF DEATH (Enter Daily one cause per line fall a) (b, and (c)) Hodgkin's disease involving lymph
PART | DEATH WAS (AUSED BY nodes, liver splen tongree state) BETWEEN DINSIT AND OFFICE nodes, liver, spleen, tongue, skin, epididymis l vear perm an, DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave a rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 Thrombocytopenia 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 9g. DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING this certificate has detached far use as CAUSES OF DEATH? YES 🗀 NO F 2 HOW MJURY OCCURRED (Enter nature at injury in Part 1 or Part 2, them 18) 21a. ACCIDENT WAS UNDERLYING 2 b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year "If eithe natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREIT FACTORY) 2 f. LOCATION Street of R.F.D. No. City of Town County State While Not white of work 220 I certify that XX (this hospital) attended the deceased from 47 June 19 68 to 5 August 19 60 that \$1 (we) last saw the deceased alive an 5 August 19 60, and that in (20) (aur) opinion death accurred on the date and hair and from the FUNERAL DIRECTOR: After causes stated above, (Bt (we) (did) (abb) tot) view the body after death 226 SIGNATURE 22c DATE SIGNED 5 August 1968 DEGREE 200 ADDRESS The Clinical Center, National 22d. PHYSICIAN'S Michael B. Mosher, M.D. Institutes of Health, Bethesda, Maryland 73d LOCATION (City or Town) 230 BURIAL CREMATION. 236 DATE 23c NAME OF CEMETERY OR CREMATORY (County) New Jerse BAOKHT TO BELLY Rahway 1968 St. Gertrudes Cemetery Aug. 8 256 REC D BY REGISTRAR 256 RECISTRARS SIGNATURE 24. FUNERAL DIRECTOR VEA15 (4) Robert A Pumphrey 7557 Wisc. Ave. Bethoate 30M REV 1768



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	MARTLAND STATE DEPARTMENT OF HEALTH	
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FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0.0
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G PHYSICIAN: the hospital or this cert ficate detached for u	W	21d IMJURY OCCURRED 2 e. Pt.A. White I Not with te I of work of work	CE OF INJURY (AT HOME FARM STREET OF	ACTORY) 2 F LOCATION Street or R.F.D. N	lo City or Tawn	County State
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O HOSPI Poge 4 r O FUNER director should b	230	BURIAL CREMATION 236 DATE		F CEMETERY OR CREMATORY	23d CCATON City or Town	Caunty; State
O MOSPITAL Page 4 may O FUNERAL director pa	C			ar Hill Crematory	Suitland Princ	
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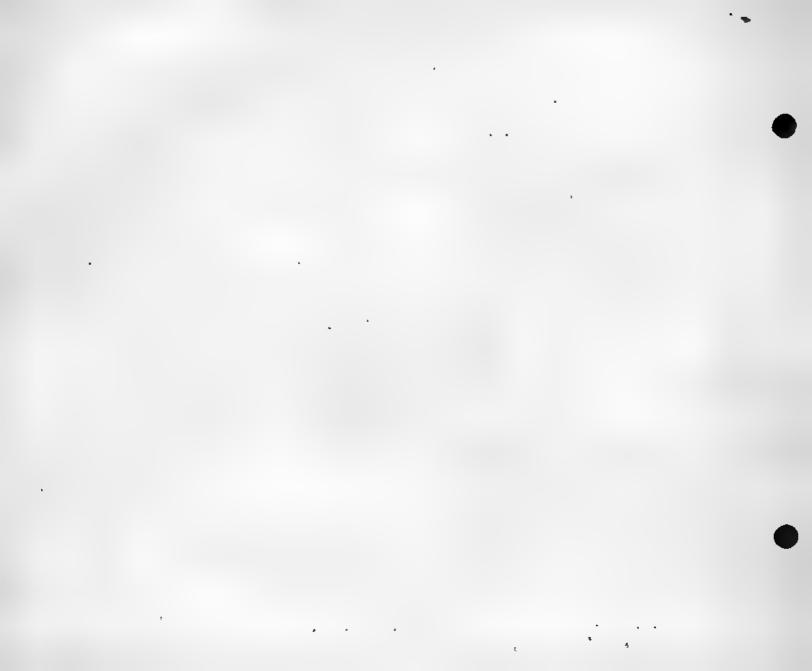


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 750 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FINR STATE-HEALTH DERI DECEASED-NAME First Middle LOST TO A TARRED SHE Y DATE KNOWN Manth 76 HOLR Year (Type or Pont 3:021 Poge Sabat 68 Mary MATED X 3 XX Female S DATE OF B IF INDER PLAT IF UNDER 14 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR White YEES S. 3:021 epar! In BRIMPLACE State or foreign 9. COUNTY OF DEATH 76 CT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Poland USA MIDOMED 3 DIVORCED [M ntgomery Pages the Stot 10 CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUTION (Final in hospital .2c USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR NO Tactory Holy Cross Hospital Silver Spring 3d INSIDE CITY IN TST with 30 USUAL RESIDENCE (Where dereosed lived it institution Residence before) 31 LITY OR TOWN 138 STREET AND NUMBER 1400 Fenwick Lane SilSprg. YES 🔽 NO 🗆 Office land 2 14 FATHER'S MAME S. MOTHER'S MAIDEN NAME Middle Sabat _ pages Exammer ADDRESS & 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Denki (Yes, no, or unknown) (three one war or dates of service) 097-20-9995 SOTIMON Fire none APPROXIMATE METERVAL within certificate should be executed B CAUSE Of DEATH (Enter only one couse per king BETWEEN ONSE! AND DEATH PART DEATH WAS CAUSED BY pending I HAMEDIATE CAUSE (a) the Chief Med DUE TO, OK AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse join writing the word stating the underlying couse 70 Š Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART WOL 0 rsed 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUT OPSY? WAS PERFORMED? CERTIF YES F 210. EXTERNAL CAUSE WAS 216 TIME OF HOURY Month Day Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2 Hern 8, should PRIMARY OR CONTRIBUTING HOUR ALM cremotion, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 2 e PLACE OF INJURY At home form street 211 LOCATION Street or R F D No. City or Town County Stohe foctory office building, etc.) WHILE IN NOT WHILE I 22a I certify that stock charge of the rema as described above, held on Autopsy Inspection and in my apin an Undetermined manner death resulted Natural causes X Hom cide Suicide CHIEF MEDICAL EXAMINER ACTUAL FUNERAL ASSISTANT MED CAL EXAMINER SIGNATURE. YOU. NAME (Type) the 23. NAME OF CEMETERY IR CREMAT DRY 90 23b. DATE 23d WOLF A TO 23o BURIAL CREMATION REMOVAL (Specify) Fort Lincoln Crematory I rance seonges Co. remarion VR A15ME (5)

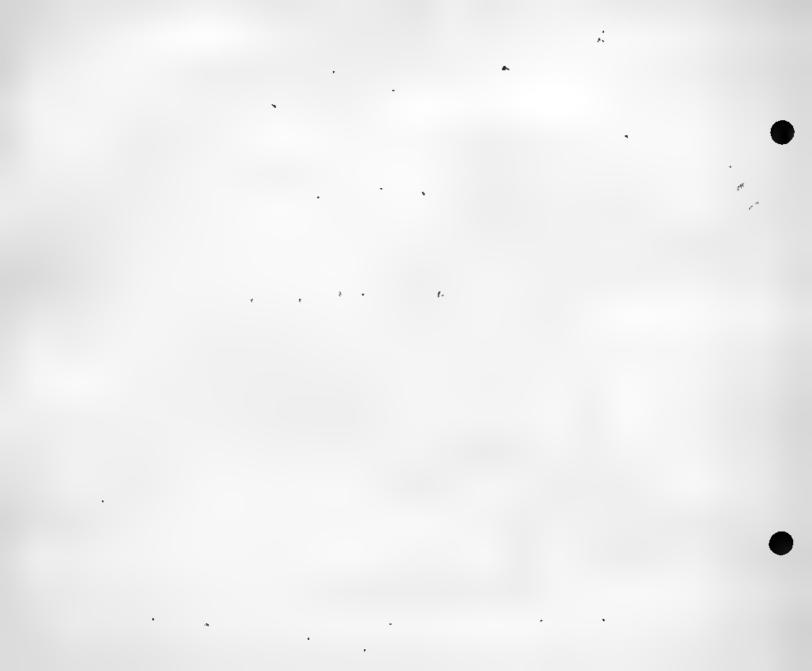
MARYLAND STATE DEPARTMENT OF HEALTH



And the same	MARTLAND STATE DEPARTMENT OF HEALTH THE DEPARTMENT OF HEALTH MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 756
HEALTH DEPT.	OFLEASEL NAME Enst Middle cost 70 DATE KNOWN XI MONTH	Day Yeor 2h HCJP
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		MARYLAND STATE DEPARTMENT OF HEALTH	
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	14.	ATHER'S NAME First Middle Jost IS. MOTHER'S MAIDEN NAME First Middle	L tost
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		.8 CAUSE OF DEATH (Enter only one couse per line for a, (b, and c).)	APPROXIMATE THERVA BETWILL DISSET AND DEATH
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	CERTIFICAT	YES NO CAUSES OF DEATH?	
	SP. CER	21a. ACCIDENT WAS UNDERLYING 27b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part) of Part 2 th	em 18.)
	MB C	f auther notific med on examiner) P.M. 19	County State
		White Thorwhile Construction of the Constructi	,
		22a. I certify that (I) (this haspital) attended the deceased from 19 of 19 for	that (I) (we) last
		sow the deceased alive an	e and hour and from the
	П	22b. SIGNATURE ATTENOING MED STAFF 22x D	AJE SIGNED
	L	22d PHYS CAN'S 22e ADDRESS	131/12
	L	MANE Type) Sidney J. Cohm, M.O. so w. ordownstor De Noche	alle, the
	23 0	B. R.A. CREMATON, 23h DATE 231 NAME OF CEMEYERY OR CREMATORY 23d COCAT ON CITY OF TOWN, ASMOVALED PORT OF THE PROPERTY OF CREMATORY CEM ROCKIVILE NO.	(County) Store
-	24.	ELAPERAL DIRECTOR 250. REC'D BY REGISTRAR 250 REGISTRAR 3	
D.	-	- 200 K Ormole - Pro Kirls DAFP 6 1968 Ichard	en judge



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The law requires that the death certificate be executed within 24 hours attending physician. The seen signed by the attending physician of campletery filled in by lise as the bund-transit permit then blegge certain any event, within 72 hours the prior ta bund, crematian, ar remayal, and in any event, within 72 hours.		7 40	UNKNOWN JOSEPH NONNSTON (Some	
ng phy Then emaya		8. CAUSE OF DEATH (Enter or	only one cause per line for (a), (b), and),	APPROVIMATE INTERVAL INTERVEN ONSET AND DEALER
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ne deat affend permit ian, ar r	1	1 AMMEDI	HATE CAUSE (a) Lastrona of Thosterid generally belong	SAMO
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The law reattending has been se as the h prior ta	CERTIFICAT		YES NO CAUSES OF DEATH?	
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PHYSICIAN: e haspital ar his certificate stached for u Dept af Heal	2	2 d INJURY OCCURRED 216	B PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 214 LOCATION Street of R.F.D. No. City or Town. Count	y State
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DING d by t After d be c		saw the deceased o	his haspital) attended the deceased from that in (my) (aur) apinian death accurred an the date and	haur and from the
		causes stated abov	ve, (1) (wa) (did) (did not) view the body after death.	jidy) dija ijani i-ig
OR ATTENDING be retained by the DIRECTOR- After 1 ge 3 should be do		22b. SIGNATURE	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MED
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TO HOSPITAL OR Page 4 may be r TO FUNERAL DIRE director page 3 shauld be filed w		3412 A 1081/10 8	81,768 NATI MEM TARK HALLS CHELCH	Us4.
	24.	FUNERAL DIRECTOR	ANDRESS / / // 26 DEC'D BY DECISIONE ON DESIGNATION	IRE
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MAKYLAND STATE DEPARTMENT OF HEALTH 11753 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 I tem 13 FILM DICERTIFICATE OF DEATH Middle I DECEASED MAME 20. DATE OF DEATH 2b. HOUR 24 haurs after death (Type or print) Year 3 SEX 5. DATE OF BIRTH IF UMDER 24 MRs. 6 AGE in years IS JINDER YEAR just, birthday) MAINTHS DAY MOURN YRS. To BIRTHPLACE (Store or foreign 9 COUNTY OF DEATH MARR ED NEVER MARR ED country) WIDOWED V DIVORCED DO CIY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 2g JSUA: OCCUPATION Kind of work done 12b KIND OF BUSINESS OR within give street address) during most of working, lie even if retired l INDUSTRY completely remove cor 3a. JSUAL RES DENCE (Where deceased ived, if institution Residence before 3d INSIDE CITY IMITS? requires that the death certificate be executed crematian, or removal, and in any event admission, STATE 3b COUNTY 14 FATHER'S NAME MOSPER JUMAICEN NAME FIRST Middle Last INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, at unknown.) | (Myes give war or dates at sen 166 SOCIA/SECURITY NO. Address ()/ [(Plyes give war or dates at service) attending phys 8 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and ...) BETWEEN OWSET AND DEAD PART I. DEATH WAS CAUSED BY Generalized Carcinematesis IMMEDIATE CAUSE (o) 18 months DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Primary Carcinoma, left evary **burial-transit** 2 years nse to immediate co se [a] s gned by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse burial lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (a) prior ta b After this certificate has been I be detached for use as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 206 F YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ed for use of Health p NO | YES TE 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 2, Hern 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M (If either, notily medical examiner) with the State Dept 2 d IN JRY OCCURRED 21e. PLACE OF INJURY (AT HOME HARM, STREET EACTORY) 2"+ LOCATION Street or R.F.D. No. City or Town State County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from Club 8..., 9.68 to , and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased dive on FUNERAL DIRECTORcouspe stated above (I) (we) (aid) (aid not) view the bady after death 22b. SIGNATURE Aug. 31,1968 STAFF PHVS chrectar, page should be filed DEGREE DIRECTOR 22e ADDRESS MAME Type) 23d OCAHON (City or Town) 23p. BURIAL, (REMATION C. 1 REMATION) Cedar Hill Crematory (County) 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home. Rockville. MA SEP 1968 30M REV



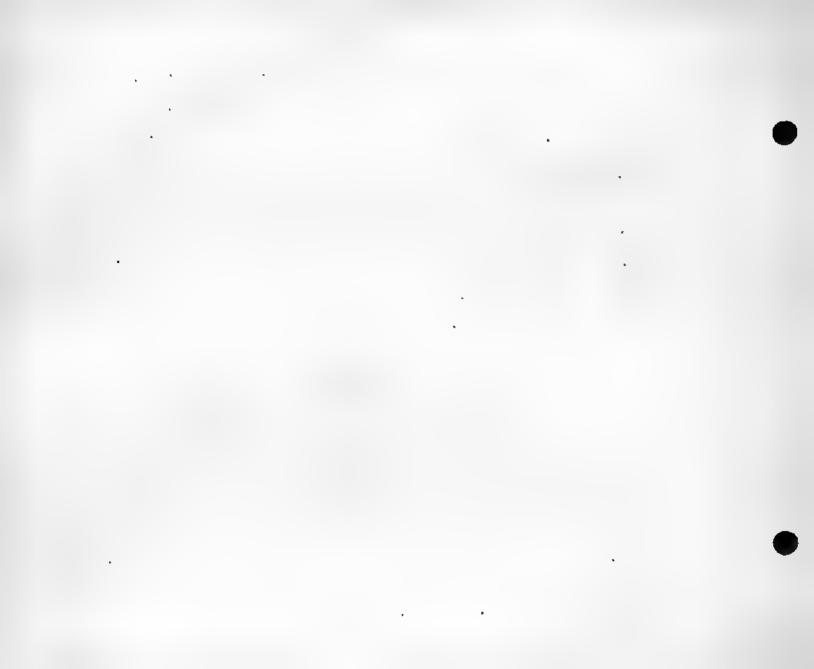
1 1	1175 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	CERTIFICATE OF DEATH	61
ter death	DECEASED NAME First Middle Lost 20 DATE OF DEATH Month Day Thaddeus Melviu Jones SEX 9. RACE S. DATE OF BIRTH 6 AGE (In years Hills)	Year 20. HO JR 5'20 PM VOR YEAR IS UNDER 28 MRS HST DAYS HOURE AND
completely filled in ove corbon popers y event, with a 72 ft	B RTHPLACE (Store or Foreign 76. CT ZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED OF DEATH WIDOWED D VORCED MART GEMEN Y CITY OR TOWN OF DEATH 1 NAME OF HOSPITAL OR INST TUTION (15 not an hospital 126 USCAL OCCUPATION (15 not an hospital 1	Md b KIND OF BUSINESS OR OUSTRY ROLL Rd, Lost
Inficote be ex physician and in please rem all and in an	Thoddeus Melver Jenes Mary Cordelia G WAS DECEASED EVER N S ARMED FORCES? Tes. no. or unknown) If yer give was or dicites of service) 578-07-4579 Wife Square	
		APPROGRATE INTERVAL B. TWIEN CONST. AND CIA'S OF RED IN CERTIFYING
d by After	HOUR A.M. Month Day Year 19 2 d N.JRY OC JRRED 2 e PLACE OF INTURY (AT HOME JACTORY) 2 t LOCATION Street of R.F.D. No. City of Town Call While at work	only State
	226. PHYSICANS NAME (Type G. F. Sent stack 22e ADDRESS 924. 1 Columbia Blyd. S 924. 1 Columbia Blyd. S 8/20/68 23c NAME OF TEMPTERY OR CREMATORY PHYSICANS 120 ADDRESS 23d LOCATION CTY OF TOWN, PHYSICANS 23d LOCATION CTY OF TO	ilver ilver Eurly) Store
₩ 	July Mill Harman C. PTUI 17 JI MAIL	0 0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11762 CERTIFICATE OF DEATH 2n. DATE OF DEATH DECEASED NAME Middle First. 2b HOJR (Type or post): JERRY JOHN KALIVAS August 4 RACE 3 SEX S DATE OF B RTH 6 AGE m years IF JAHDER YEAR 8-23-97 Male White 7a BIRTHPLACE (State or foreign 76. CITEZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH ⁸ Married 📆 Never Married 🔝 WIDOWFD [] DIVORCED [7] Greece Montgomery I NAME OF HOSPITAL OR INSTITUTION (If not in hospital IQ. CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street tidgress, Washington San. & Hosp. duing mast pt warking its even if retired) INDUSTRY Takoma Park Restaurant Mgr. 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 3c CITY OR TOWN 3d INSIDE CITY LINGSS? 3e STREET AND NUMBER odmission) STATE Montgomery SilverSprings 12 Hemilton Ave. 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Dimitra John Jerry Kalivas 17 INFORMANT 160. WAS DECEASED EVER N . S. ARMED FORCES? Hospital Records cremation or removal Examiner APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for co) (by and (J.) BETWEEN OWSET AND DEAD PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions I any which gave t rise to immediate couse (b). Medical DUE TO OR AS A CONSEQUENCE OF stating the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIVEN IN PART 1(a) with 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [] NO [] 210 ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 29c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) OR CONTINEUTING TO CAUSE OF GEATH HOUR A.M. Month Day Year f e ther notify medica examiner) 218 PLACE OF INJURY (AT HOME -ARM STREET FACTORY) 216 LOCATION Street of R.F.O. No. 2 d INJURY OCCURRED City of Town (dunty While Not while at wark 220. I certify that (I) (this haspital) attended the deceased from 19 42, to company, 1968, that (I) (we) lost saw the deceased alive an accordance on the date and hour and from the causes stated above (1) (we) (did) (d a not) view the bady after death 22b, SIGNATURE 22: DAFE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d PHYSIC AN'S 22e. ADDRESS director, 1 23c NAME OF CENETERY OR CREMA ORY OCATION (ity or Town) 23a BURIAL CREMATION (County) (State) 256 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR



		MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		11755 CERTIFICATE OF DEATH
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND $1175\mathfrak{L}$ CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. count Montgomery Montgomery a. STATEMary land MARYLAND b CIFY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Page Bethesda Betheada d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Œ 7118 Glenbrook Road 7118 Glenbrook Road YES -NOT within etely carbon NAME OF First Middle Month Last DATE Dav DECLASED event, 9. ACE (on years IF UNDER 1 YEAR IF UNDER 24 HRS. comple (Type or print) HUGH V. KEISER DEATH SEX 6. COLDR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH emove Male White any 7/6/89 WIDOW FO F DIVORCED [Ξ 103 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? Retired Lonoke, Arkansas US 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal L. A. Jenkins Wm. S. Keiser 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit 5 (Yes, no, or unknown) (If yes give war or dates of service) 577-03-4462 Caroline F. Keiser- Item #2 cremation, CAUSE OF OEATH (Enfor only one cause per line for (a), (b), and (c). INTERVAL BETWEEN -transit ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Deu burial-t **DUE TO** ŏ Conditions. If any, which (b) gave rise to immediate **OUE TO** cause (a), staling the underlying cause last. fol 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES [NO TY 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAM: 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 11 of Item 18.) pa to MEDICAL 20c. TIME OF INJURY Month, Oar, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm., 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work a.m. retained 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive or in 19620 and Mat death occurred at A A M, from the causes and on the date stated above. 22a SICNATURE 22b. DATE SIGNED 8.8 晋 page f led 4 may O FUNERAL director, pa should be f HOSPITAL PHYSICIAN'S 2.24. ADDR NAME (Type) LUCATION (City, town or Founds BURIAL CREMATIONAL 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) 2 8/19/68 Brince George, County, Md. Cedar Hill Burial ACCRESS 25a. REC'D BY RECISTRAR | 25b. RECISTRAR'S SICNATURE 24. FUNERAL DIRECTOR Funeral Home-1331 Rockville Pike Tyson Wheeler Rockville .Md. 1/65



11786 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1761 CERTIFICATE OF DEATH OFCEASED-NAME Lost 20 DATE OF DEATH Middle 2b. HOLR, death ed with n 24 hours after death (Type or print) Mary 3 SEX 4 RACE S. DATE OF BIRTH 6 AGF (In years IF JAIDER YEAR lost bushday) DAYS White Penale October 28. 70. BIRTHPLACE (State or foreign 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED bon papers within 72 s Orleans, Mass. Montgomery/ DIVORCED [7] WIDOWED K 10 CITY OR TOWN OF DEATH NAME OF HOSPITA, OR INSTITUTION (I not in hospital 20 USBA, OCCUPAT Oh ,K nd as work done 126 KIND OF BUSINESS OR during most of work no life leven if retired.) INDUSTRY, en please remove carbon Silver Spring. own home HOME TITESTREET AND NUMBER cremation, or remayal, and in any event, 3a. USBA. RESIDENCE (Where deceased lived of institution: Residence before 13c CITY OR TOWN 13b COUNTY 2904 New Castle Avenue 4 FATHERS NAME S. MOTHER'S MA DEN NAME First Middle Rollin Lindlay Sugan Snow 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 NEORMANT None Guida 2904 New Castle 1B CAUSE OF DEATH (tater only one couse per line for to, (b, and .).) BETWEEN ONSET AND DEAD PART I DEATH WAS CAUSED BY thrombosis cerebral IMMEDIATE CAUSE (O. DUE TO, OR AS A CONSEQUENCE OF CEREBRAZ ATHEROSCLEROSIS trans til Conditions, if any, which gave) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF Stoting the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTINGT RELATED TO THE TERMINAL DISEASE DECONDITION GIVEN IN PART (10) After this cert ficate has been 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES -NO TX 21a. ACCIDENT WAS UNDERLYING 216. TIME OF NIURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) CAUSE OF DEATH HOUR AM Month Doy Year (If either, notify medical examiner) 216 PLACE OF INJURY (AT HOME, EARM STREET, FACTORY) 214 LOCATION Street or R.F.D. No. 2 d NJURY OCCURRED City of Town County Stote White Not white of work Page 4 may be retained by O FUNERAL DIMICTOR After causes stated above (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED 22b SIGNATURE M . D. ATTENDING DEGREE D RECTOR 22e ADDRESS 22d PHYSIC AND 8907 Georgia Avenue Silver Spring 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) (Stote) 23n BURIA, CREMATION. 1968 Fort Lincoln Crematory Prince Georges! 256 REGISTRAR'S SIGNATURE 2So RÉC'D BY REGISTRAR DATE AUG Inc. 8434 Georgia Ave. S.S.

MARYLAND STATE DEPARTMENT OF HEALTH

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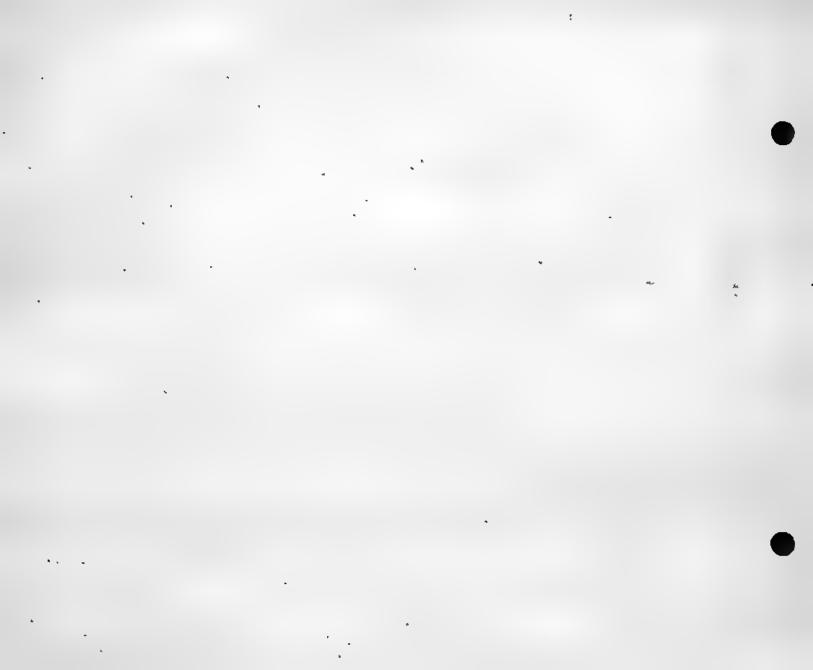
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= - 4 - 6		22a. 1 certify that (I) (this bospital) attended the deceased from 1952 to 1952, 1952, that (I) (we) last saw the deceased alive an 1952 and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did take not) view the body after death
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The law requires that the death certificate be executed within 24 hours after Teath obtending physician and completely filled in by the funerate as as the burior transit permit. Then please the prior to burial, cremation, arremava, and in prior to burial, cremation, arremava.	5	give street oddress) du pru rost o working te, eyen tretired) IND JSTRY
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PHYSIC hospul is certi loched bept of		21d INJURY OCCURRED 21e. PLACE OF INJURY (A MONE FARM THEET FACTORY) 21/ LOCATION Street or R.F.D. No. City or Town County State
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ING for tota		220. I certify that (1) (the hopeful) attended the deceased from A&C 1964, to Ottog 5 1968, that (1) as saw the deceased of ye an 1968, and that in (my) (our) opinion death accurred on the date and hour and from the
AP AF ES P		saw the deceased of ye an
O September 1		causes stated above (1) ((did not) view the body after death
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/ 1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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at the dear the attend nsti permit		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Inse to mined ate cause (a). DUE TO, OR AS A CONSEQUENCE OF BUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gove to mined ate cause (a). DUE TO, OR AS A CONSEQUENCE OF Conditions to mined ate cause (b). DUE TO, OR AS A CONSEQUENCE OF Conditions to mined ate cause (b). DUE TO, OR AS A CONSEQUENCE OF Conditions to mined ate cause (c).
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O HOSPITAL OR Page 4 may be to O FUNERAL DIRI d'rector page 3 should be filed v	230	22d. PRISCIAN'S NAME TYPE: 22e. ADDRESS 4977 Battery Lane, Bethesda, Md, BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10(ATION CITY or Town (Courty) Store
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JOM REVL 1 EB		ROBERT A. PUMPHREY, Bethesda, Maryland, DATE AUG 29 1968 Charles Judges

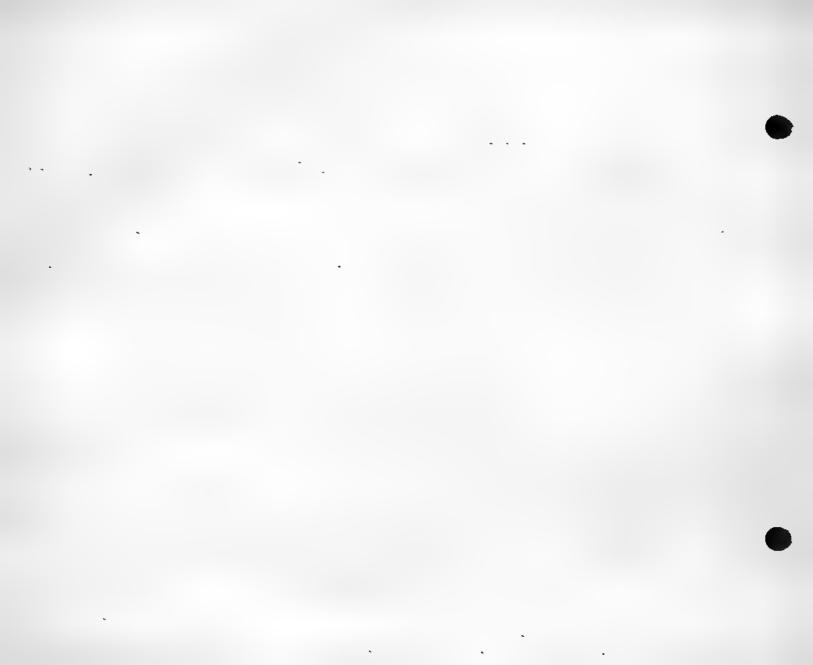




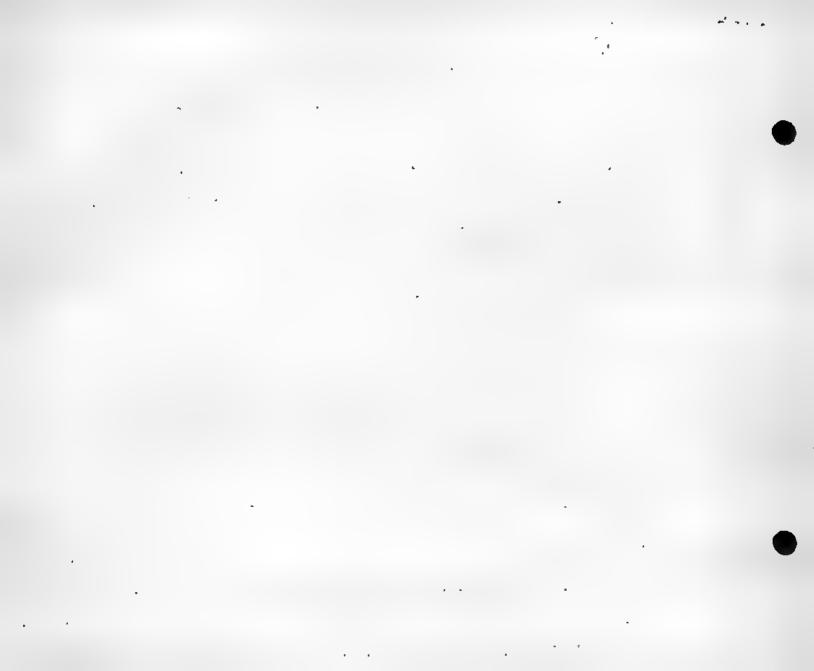
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ed by the crafter of the State		220. I certify that (I) (this hospitar) attended the deceased fram AVE 17, 1968, to AVE 19, sow the deceased alive on AVE 19 1968 and that in (my) (our) opinion death accurred on the causes stated above (I) (we) (d d) (did not) view the bady after death	19 <u>68</u> , that (I) (we) lost date and hour and from the
OR ATTENI be retained DIRECTOR: A je 3 shau d ed with the		226 SIGNATURE	12c. DATE SIGNED
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TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d PHYSICIANS NAVIRETY VDE) B IR A (REMATON, 23b REPROPERTY ALL	1 COLUMI DATE 9. 21. 1968	3t. Linco	M d. 220. ADDRESS M d. Jr Y OR CREMATORY Let Cremate 1	ty B	COCOTON CLATON (Tiny or Town, ladensburg	Page 1	1968.
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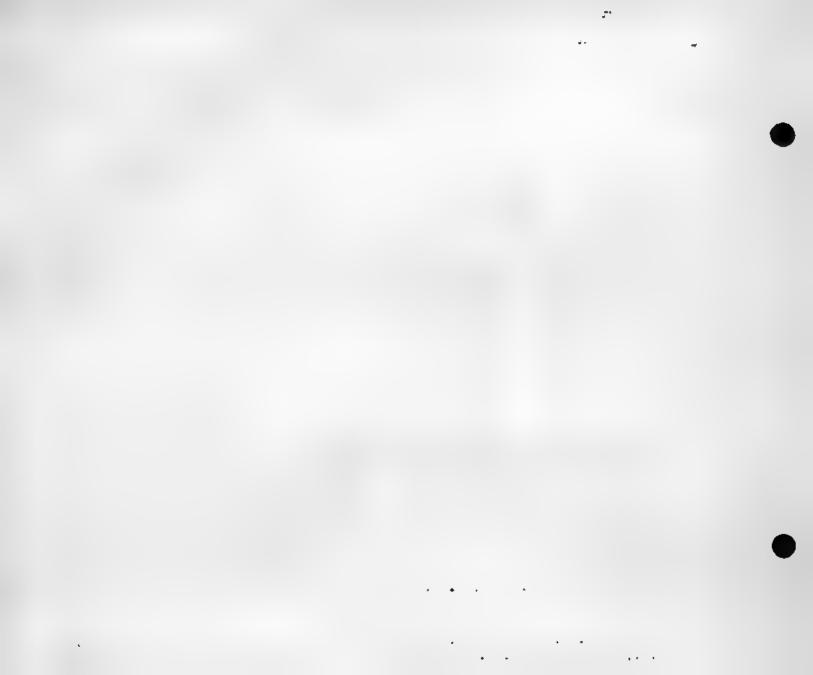
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	sow the deceased of	ive on Aug. L_	19_68 a	nd that in (बिंध) (aur)	9.68 , to Aug. 1	the date and hour a	nd from the
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	i de la	Louis Com	DEC	REE PHYS	MED: STAFF DIRECTOR PHYS. (3)		1968
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	C APPA BARCETOR		ABBUILE	rial Park	Pleasant Hi	ILB, C	alif.
24.	FUNERAL DIRECTOR W WS	Chambers Co	ADDRESS	C 250. KH	AUG 6 1968	Cloula Q	edat.



_ 1	MAKTLAND STATE DEPARTMENT OF HEALTH
	11769 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 75
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	Female Caucasian Sept. 27, 1883 94 857 YRS
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	ROCKUILLE POTOMAC VALLEY NURSING Nome: Housewife INDUSTIN HOME
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	ROBERT A PHMPHREY Betnesda, Maryland Menod 0 1300 (1300)



		MARYLAND STATE DEPARTMENT OF HEALTH	
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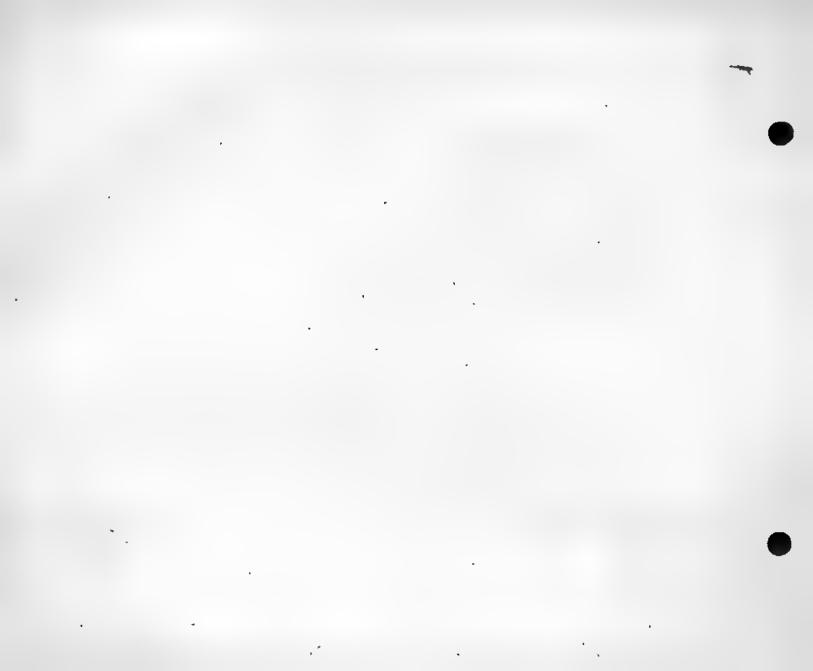
11773 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED NAME First Losi 20 DATE OF DEATH (Type or point) August (MMN) Alfred Laudan 3, 500 5 DATE OF BRTH H UNDER 24 HES 4 RACE MONE YEAR 6 AGE . n veprs Male White 21 August 1926 24 hours To BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED DE NEVER MARRIED New Jersey USA WIDOWED [7] DIVORCED [ Montgomery and in any event within 72 TO CITY OR TOWN OF DEATH 12a USJA, OCCUPAT ON (Kind of work done NAME OF HOSPITAL OR INSTITUTION ( + not in hospital 126 KIND OF BUSINESS OR The Clinical Center, NIH the attending physician and templetely rist permit then please remaye carbon Bethesda 3d. INS(DE V TY EMBIST) 13e STREET AND NUMBER odmissipe STATI ersev YES 😱 128 Park Avenue Maywood 14 FATHER'S NAME First S. MOTHER'S MA DEN NAME First Middle Middle Lost requires that the death certificate be-Adolf Laudan Gertrude Hallang The Medical Recorddress 160 WAS DECEASED EVER IN U.S. ARMED FORCEST 166 SOCIAL SECURITY NO 7 NFORMANT Yes no or unknown, for use as the buriat-transit permit. Then pl Health prior to burial, cremation, or remaval. Not available The Clinical Center, Bethesda, Md. 20014 18 CAUSE OF DEATH (finite) any one cause per line for o, b) and c).) PART I. DEATH WAS CAUSED BY Meningitis - etiology unknown signed by the attendit months MMEDIATE CAUSE (O) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which cove t rise to immediate couse (a), DUE TO OR AS A CONSEQUENCE OF stating the underlying causel PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIB. TING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 1(d) 190. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES IX Yes NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18) TO OR COMPRIBUTING FT CAUSE OF DEATH HOUR A.M Month Day Year (feither notify med to: examiner) 2 a INJURY OCCURRED While Hat while at work at work 21e PLACE OF INJURY (AT NONE FARM STREET FACTORY) 21+ LOCATION Street or R.F.D. No. director, page 3 should be detache shourd be fled with the State Dept City or Town County State 22a. | certify that (4) (this haspital) attended the deceased from JULY 16 , 19 68 to August 31 19 68, that (4) (we) last saw the deceased alive an August 31 1968, and that in (44) (aur) apinion death accurred on the date and hour and from the causes stated above, (4) (we) (did) (44) wew the body after death O FUNERAL DIRECTOR: After 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF 31 August 1968 DEGREE PHYS 220 ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME Type; David C. Dale, M.D. Institutes of Health, Bethesda, Md. [County 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (city or Town) 23b DATE 23th BUR AL CREMATION State) RADIAL SOUTH 9/4/68 Geo. Washington New Jer-Mem. Marwood. 7557 ADDRESS CONSIN AVEZO BLO AV REGISTRAS 256 REGISTRAS SIGNATURE 24 FUNERAL DIRECTOR Bethesda, Maryland MIEST 30M REV 1/68

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5-5-		Burial 9/4/68 Gate of Heaven Cemetery Silver Spring Md.  HUNERAL DIRECTOR 250 RECT BY REGISTRAR 250 REG. STRAR'S SIGNATURE
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 26. DATE OF DEATH 2b HOLR Type or punt. Rufus 18:30AM Cash Lipscomb AUG 4 RACE 5. DATE OF BIRTH IF JIHOER YEAR 3 SEX 6. AGE (In years lost birthday) MONTHS HOURS 7/18/82 White Male To. B RYMPLACE (Stole or toreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED ve carban papers event, within 72 h DIVORCED ( WIDOWED . Mantgomery Virginia 10. CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 20 JSUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) during most of work no life, even if retired.)
retired from naway INDUSTRY lease remove carban Takoma Park Wash San & Hospital ward 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 34 INSIDE TY LIMITS? 3e STREET AND NUMBER 13b. COUNTY Silver Spring Montgomery 14 FATHER'S NAME S MOTHER'S MAIDEN NAME First Lost John M. Linscomb Bolloc Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 NECRMANT Silver Spring. Yes no or unknown. 220-44-2072 Mrs. Lena Lipscomb dr removal. OPPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s)-PART I. DEATH WAS CAUSED BY Lever Chlonary IMMEDIATE CAUSE for crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, it only which gove ) rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DRICONDITION GIVEN IN PART (6) prior tal 90. DATE OF OPERATION 9b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO 🔀 21g. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 3 or Port 2 Item 18.) 216. TUME OF INJURY OR CONTRIBUTING TO CAUSE OF OFATH HOUR A.M. If either natify medical examiner) 2 d INJRY OCCURRED 2 e. PLACE OF NJURY (AT HOME FARM, SIRET FACTORY) 211 LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a I certify that (1) (this haspital) attended the deceased from 11 22 24 1950 to 241 17, 1966, that (1) (we) last saw the deceased alive an 24 24 1950 and that in (my) (we) ap nian death accurred an the date and hour and from the FUNERAL DIRECTOR: causes stated above (1) (we) (d d) (did not) view the body after death 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22e ADDRESS 22d PHYSIC AN'S Russell B. Arnold NAMI (Type) 1106 Spring Street. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION (Stole) BREMOVAL (Specity) 0 Glenwood Cenatery 2So. REC'D BY REGISTRAR Milarles VR A 5,4] Pumphrey, Inc. 8434 Ga., Ave. S.S., Md. DATE AUG 23 30M REV



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1784 CERTIFICATE OF DEATH I DECEASED-NAME Miridike 2n DATE OF DEATH 2b. HOUR within 24 hours after death (Type or pnot) Month 3. SEX 4 RACE UNDER A HRS S DATE OF BIRTH PERMITTED YEAR 6 AGE in years PH NOM POLIET van papers Pages within 72 hours of last birthday Y85 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARR ED T NEVER MARR ED completely filled on (centry) MONTGOME D VORCED [ IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USJAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR one of the state of working liter even fretired. emove carban 3e STREET AND NUMBER 3a USUAL RESIDENCE (Where deceased lived if in titution: Residence before executed event DELING YOUR BEISMI BC in any 4 FATHER'S NAME Middle los F (ig burial, cremation, or remayal, and 160 WAS DECEASED EVER IN JS ARMED FORCES? Address Yes, no, or unknown Z & APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one course per one joing a, b), and (c) BETWEEN OWIFT AND DEATH PART I. DEATH WAS CAUSED BY Conditions it any which gave ) burnol-transit nse la immediate cause cai. s gned by DUE TO OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONFR BUTING TO DEATH TO THE TERMINAL D SEASE OR CONDIT ON GIVEN IN PART director, page 3 shawd be detached for use as the shauld be filed with the State Dept of Health priar ta TO FUNERAL DIRECTOR: After this cert ficate has been 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE PINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO P 2 b. TIME OF INJURY 2 c HOW MJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Hern 18.) ATTENDING PHYSICIAN HDUR A.M Morth Day P.M 210 PLACE OF INJURY (AT HOME ARM STREET FACTORY) 2 + LOCATION Street or R.F.D. No. City or Town County Stole White Mat while ( at wark 22a. I certify that (1) (this haspital) attended the deceased from 1966 to 1966, and that many) (aur) apinion death accurage an the date and hour and from the be retained by causes stated above (1) (we) (aid) (did pat) view the bady after death 22h, SiGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYS. PHYSICIAN'S 22e, ADDRESS 25c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Stote) BURIAL CREMATION, (County) REMOVAL (Specify) 8/7/68 Md. Parklawn Cem. rockville Mont 24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Robert A. Pumphrey 7557 Wisc. Ave. 30A4 REV



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME First Middle Lost Zo DATE KNOWN Month, Day Yea 126 HOUR
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DA REV 1 68	Warner E. Pumphrey Inc. 8434 Georgia Ave. S.S. DATE AUG 28 1968 Julianes July

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	)	saw the deceased at	ive on	1965, and that in (my) (ou	ur) opinion death occurred on the d	late and hour and from the
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/ 1	MARYLAND STATE DEPARTMENT OF HEALTH	
,	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	88
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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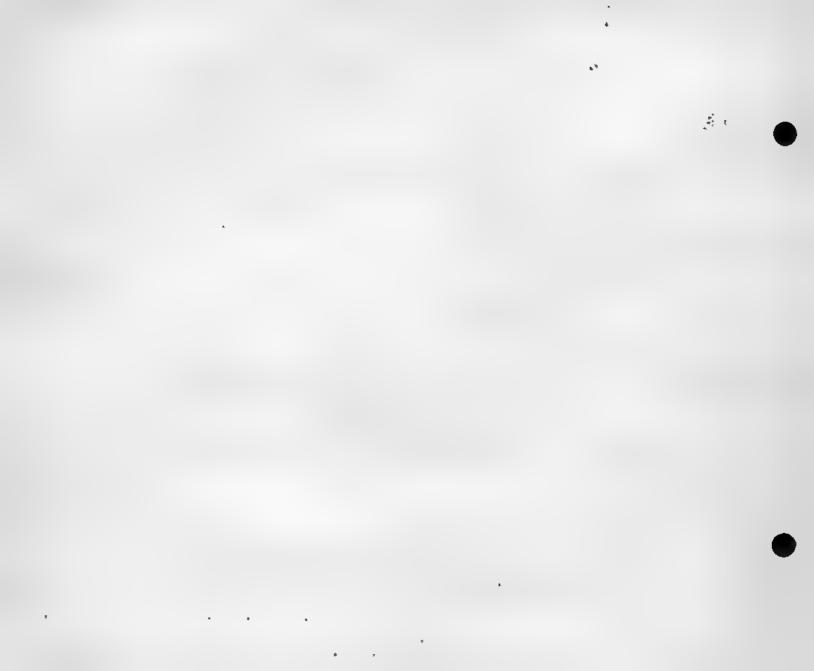
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		1783 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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	L.,	MARYLAND USA WIDOWED DIVORCED MONTGOM	
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	16a.	WAS DECEASED EVER N. S. ARMED FORCES? 1166 SOC AL SECURTY NO 17 INFORMANT Address	MARTIN
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		18. CAUSE OF DEATH (Enter only one couse per line for .o., (b. and .c.)	APPROXIMANT INTERVAL
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		21d. NJURY CCCURRED  2 e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.)  21f. LOCATION Street or R.F.D. No. City or Town of work  at work	County State
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	7	no . Amelia C. Corter Administrator SEP 9 1968 Clia	mla Indas
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1	1	MARYLAND STATE DEPARTMENT OF HEALTH  11783 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1~91
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~
HEALTH DEPT.		ECEASED-NAME First Middle Lost 4 20 DATE KNOWN BY Month	Day Year 2b +0 JR
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00	-	B. CAUSE OF DEATH (Enter only one couse per the folival (b. and c)	APPRITAINATE INTERVAL BETWEEN ONSET AND DEATH
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DIC.		ACTIFAL O. P. B. P. O. CHIEF MEDICAL EXAMINER	
5 S S		SIGNATURE MD ASSISTANT MEDICAL EXAMINER	10 10/0
o DEPUTY necessary is the funeral the funeral the funeral FUNERAL Health price		EXAMINER'S NAME (Type) John G. Ball DEPLIY MEDICAL EXAMINER ADDRESS(Stree to fown or county	
ro DEPUT necessary the funer 5 may be 70 FUNER/ Hea th	23 n	BIRIA CREMATON 236 DATE 736 NAME OF CEMETERY OR CREMATURY 236 LOCATION ICTY OF TOWN	(County (State Md
7	B	wriai 8-26-68 Rest Haven Mem. Gard. Nr. Frederick	
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DM REV SE	CE	grand C. Cuspel Thurmont. Md. DATE AUG 26 1968 John	Can Jordan





DIVISION OF VITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 11793 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DUTEASED NAME East 20 DATE KNOWN Month Type or Purt Ma. DEATH MATED 4 RACE 6 AGE in years 3 SEX S. DATE OF BIRTH 7a. BIRTHPLACE (State or foreign 7h CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED | D VORCED [ ] 11 NAME OF HOSPITAL OR INSTITUTION (1 not in hospital 12g SJA, OC JPATION (Kind of work done 10. CITY OR FOWN OF DEATH during most of working life, even if refired.) 13e STREET AND NUMBER ad BRISIDE TY LONG ST 130 SUAL RESIDENCE, Where deceased lived, it institution Revidence before it City OR TOWN admission STATE A de NO COLNEY Prince GOOTTHE MA Railier YES X NO . 2502 Allison ST. 4 FATHER'S NAME Middle Parrish. GEOFFIL ADORESS Rapatin 402 Flemmate Congestive Heart Foilure PART DEATH WAS CAUSED BY IMMEDIATE CAUSE *Dending o weeks reumenia Rt Lung -Conditions Form which gave se to mined ofe couse o. stating the underlying cause Sterio Sclerutic Heart Diseasa-PART 2 DITHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR OND TIGNIG YEN IN PART 101 20. AUTOPSY? YES [ ] NO TX 216. TIME OF MUURY Manth, Day, Year 21e PLACE OF IN LRY At home form street 2 LOCATION Street or RED lactory office building, etc.) WHIL. HOT WHY 2502 Allison St Prince George Home 22a | certify that taak charge of the remains described above, held an Autopsy ... Inspection 😿 Inquiry 闪 and in my opinian Accident Suicide Homicide Undetermined monner death resulted from Natura causes CH EF MEDICAL EXAMINER 226 DATE SIGNED SIGNATURE DEP'TY MEDICAL EXAMINER John G. Bell ADDRESS(Street city, town, or county) NAME (Type) 230 BUR A LR MAT ON 23 NAME OF CEMETERY OF CREMATORY 23d LOCATION City of Town REMOVAL (Spen Fr. Mt. Olivet Cemetery | Nashville, tenn, Company 250 RF C BY R C PRAR 1968 D RIPOLES WE 24 FINERAL DIRLCTORTHE 14th St. N.W. Wash. -. C. VE A SME 5 MONA RE



24 FUNERAL DIRECTOR'S SIGNATURE

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House G. Nanhash.

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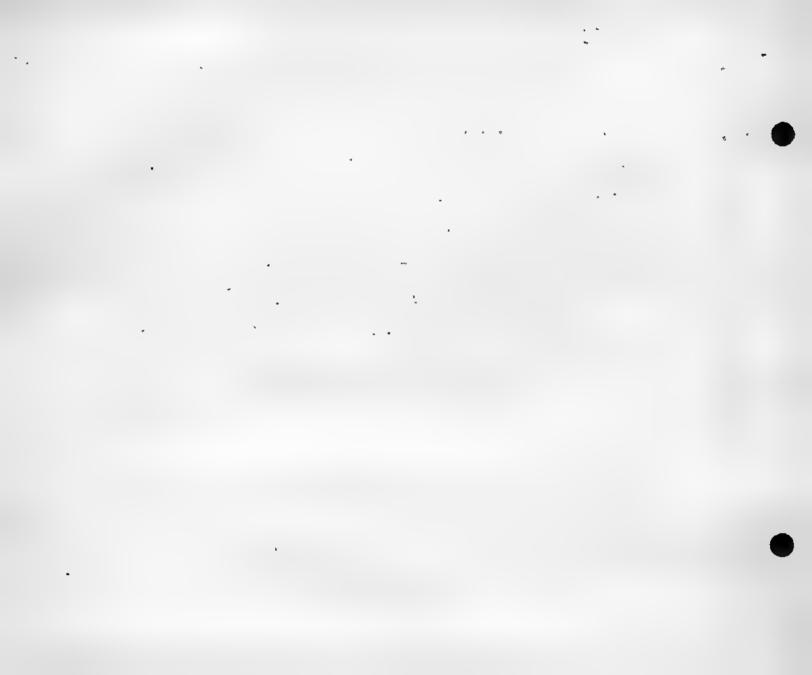


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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	795
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5 5 5 V 5 T	230	B JR A. CREMAT N 23b DATE 23c NAME OF CRAFFRY OR CREMATORY 23d OCATION CTY OF TOWN COUN	44.1
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SEASON AND ATARE OF

DARRIGATION OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 796 CERTIFICATE OF DEATH William DECEASED-NAME .057 Lake McCrossin (Type or print) 4 RACE 3 SEX 8/9/1914 AGE In years Male White rast Salbday) DALVE HOUR bain papers. Pages within 72 hours aft 24 haurs To BIRTHPLACE (State or Fore-go country) Maryland 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED 9 COUNTY OF DEATH Montgomery DIVORCED [ WIDOWED F D LITY OR TOWN OF DEATH I MAME OF HOSPITAL OR INSTITUTION, if not in hospital 2a. JSUA: DCCJPATION Kind of work done 26 KIND OF BUSINESS OR C 914 100 PresBrent Road Potomac duling the Party of the Part rel fed , INDUSTRY reguires that the death certificate be executed with corban and completely 30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CTY OR TOWN n any event 13e STREET AND NUMBER 34 JASOF CITY JIMIRS? 3b. COUNTY Montgomery admission) STAFaryland 11001 Brent Road Potomac YES X NO F M ddle 14 FATHER'S NAME S MOTHER'S MA DEN NAME First Middle Hill Elzy McCrossin Clara burial-transit permit. Then please burial, cremation, ar remayal, and 16b. SOCIAL SECURITY NO 17 INFORMANT 160, WAS DECEASED EVER N 6.5 ARMED FORCES? Address Tes no or unknown) (If yes give wal acadets of service) 218-12-2383 Ethel J. McCrossin - wife same item 8. CAUSE OF DEATH (Enler only one cause per life yor ,a) (b, and (c,) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions Fany which gave) ase to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying rouse 4 may be retained by the haspital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a. D FUNERAL DIRECTOR; After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health prior to OR ATTENDING PHYSICIAM: The law 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO M YES [ 21a. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 183) TOR CONTRIBUTING THE CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 2.d. INJURY OCCURRED While War while of wark 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21+ LOCATION Street or R.F.D. No. City or Town State County TO FUNERAL DIRECTOR: After 22a I certify that (I) (this haspital) attended the deceased from saw the deceased a ive on and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave. (1) (we) (d d) (did not) view the bady after death 22b SIGNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS 22d PHYSICIAN S 22e. ADDBESS NAME Type) 23c NAME OF CEMETERY OR JREMATORY 23d OCATION (City or Town. 23b DATE 23g B IRIAL CREMATION Rockville, Maryland 8/28/68 Bill Dougle Specify Parklawn Cemetery **ADDRESS** 2Sa. REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Funeral Home 1331 Rockville PikAUG 27 VR A15 (4) Minne 30M REV 1 68



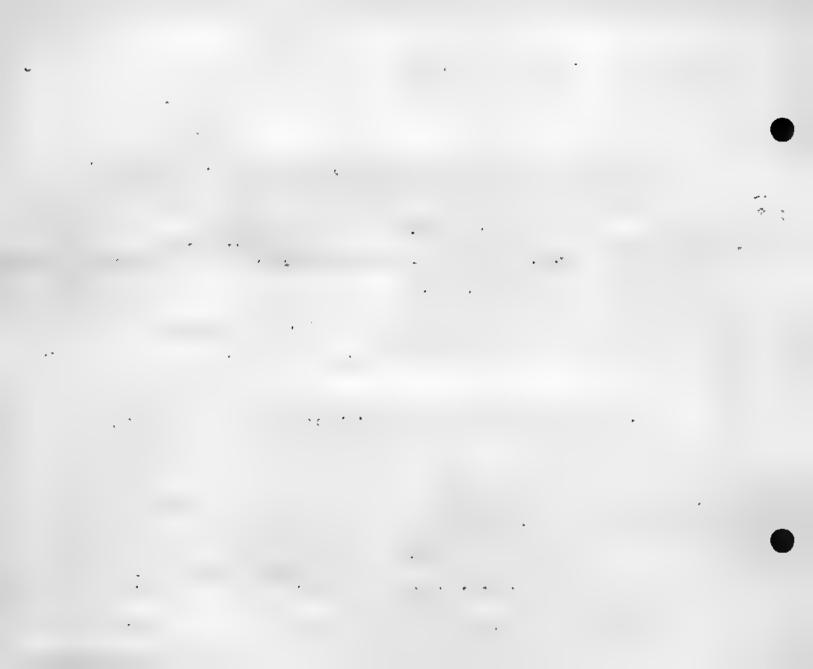


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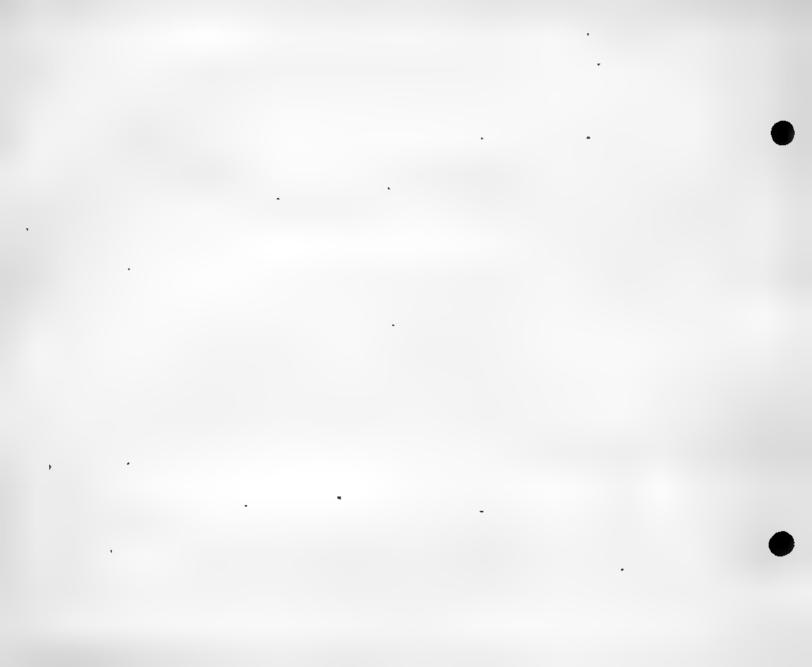
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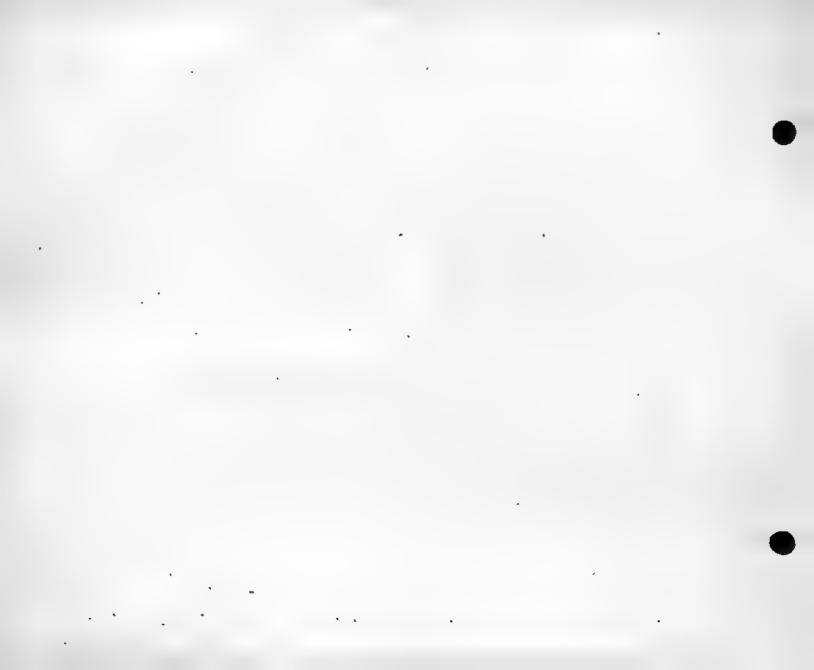
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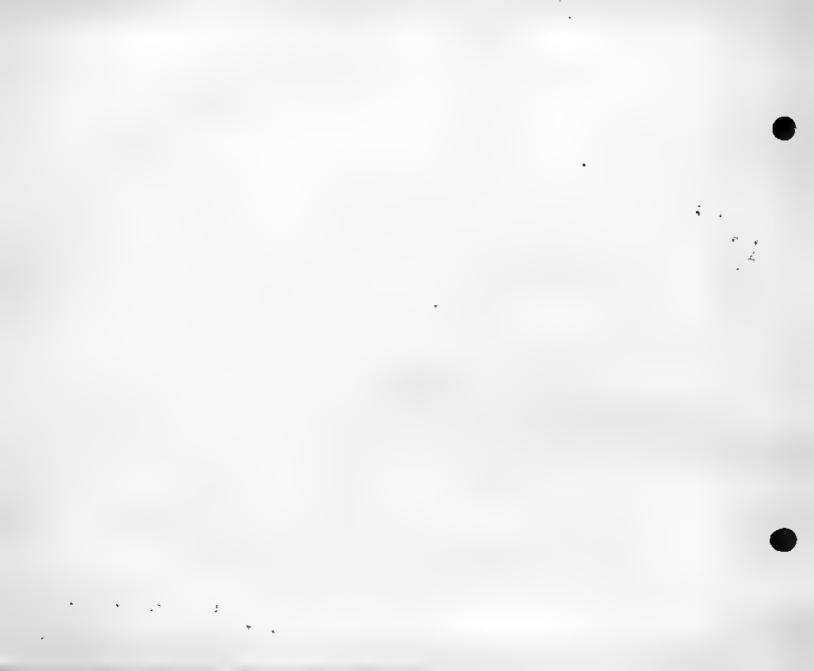
	MARYLAND STATE DEPARTMENT OF HEALTH
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	CERTIFICATE OF DEATH
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D HOSPITAL OR ATTENDING PHYSICIAN. The Page 4 may be refained by the haspital ar of FUNERAL DIRECTOR: After this certificate higheretar, page 3 should be detached for use shauld be filed with the State Dept of Health	Till either, notify medicin examinar?  2 d INJURY OCCURED  While Not white of work of work of work of the place OF INJURY (AT HOWE FACH STREET FACTORY) 21+ LOCATION Street or R.F.D. No. City or Town County State  Of work of work of work of work of work of the place
DING by fl After i be d	220   certify that (1) (this hespital) attended the deceased from 19 , 19 3, to 100, 19 , 19 6, that (1) (we) lost saw the deceased alive an 19 , and that in (my) (sort appropriate the date and hour and from the
TTEN OF THE FAME OF THE PARTY O	causes stated above (I) (and fall) view the body offer death
OR A DE CENTRE OF A SECOND SEC	22b. SIGNATURE THE STATE OF STATE STORED STATE
	* 22d PHYSICANS DR. SAMUEL DIENER 220 ADDRESS 4201 MASS. AVE. N.W. MASS. O. C.
TO HOSPITAL Poge 4 may TO FUNERAL director, pag shauld be fil	230 BIRAL CREMA ON. 236 DATE 230 NAME OF CEMETERY OR CREMATORY 230 LOCAT ON (City or Town (County) (Store, REMOVAL Specify) 8/4/68 King David Mem. Garden Falls Church, Va.
E-E	24 F THE RECORD
VR A15 (4) 30M REV 1768	Bernard Danzansky & Sons 3501 14th St. NVALE AUG 6 1968 Charles July

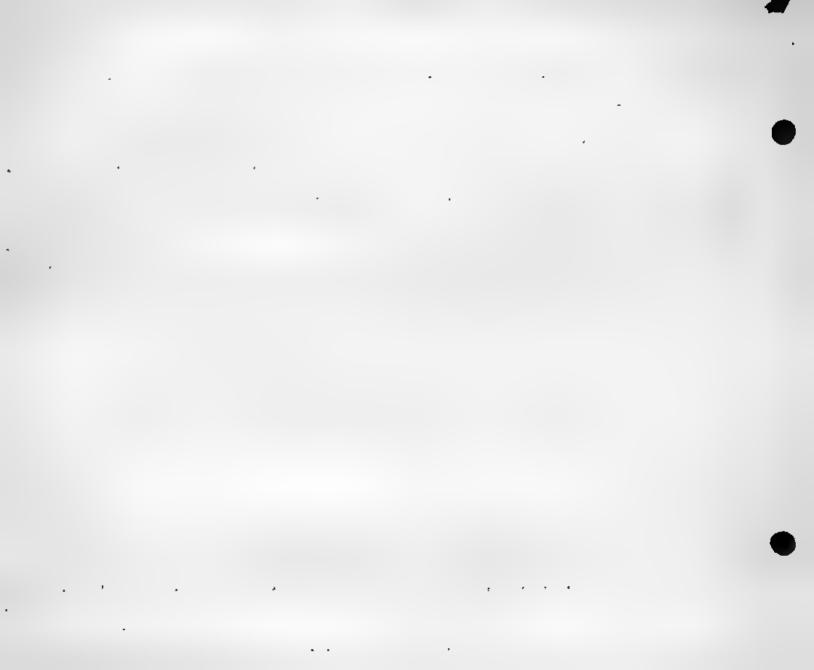


	6	MARYLAND STATE DEPARTMENT OF HEALTH
5 1 1/4		1179 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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and cary	14	FATHER'S NAME First Middle Lost I'S MOTHER'S MA DEN NAME First Middle Lost
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orte b Kran Jease ond	160	WAS DECEASED TYER IN JS ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address QUEEN MARY PR
Screen please		(es, no, or unknown) (if yes give were or dates of service)
oth certification of the certi	-	- MARIES.I.III.LIER, 3707 OLNEY, Md
2 E E	П	18. CAUSE OF DEATH (Enter only one couse per une for (a, (b) and (c))  PART 4 DEATH WAS CAUSED BY
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The rafter of the rage of the	CERTIFICAT	YES NO CAUSES OF DEATH?
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JAN fal o for for for	ਤੁ	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  Of a the matrix medical examiners P.M. 39
S PHYSICIAN the hosp toll to the scriptical deforthed for the Dept of Hele	뮻	2 IS INVERY OF CLUBRED 1216 PLACE OF INTERFY AT HOME ARM, STREET PACTORY) 216 LOCATION Street or RED No. City of Town County Stole
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ATENDING stanned by the CFOR: After is should be d	н	22a. I certify that (i) (this hospital) attended the deceased from 20, 19 55 to 26, 19 55 that (ii) (we) last saw the deceased) at ve an 20, 19 55 to 19 50, and that in (my) (our) opinion death accurred an the date and hour and from the
ATTENI attorned Crok: A Shauid	1	couses state of above (1) (we) (did) (did not) wew the bady after death.
# # B # #	н	226 SIGNATURE 276 DATE SIGNED
OR ATTENC OR ATTENCE DIRECTOR: A e 3 should ed with the	1	DECTOR DESCRETE PHYS DECTOR D STAFF D 8 76-68
FAL OF ALL DIS	П	22d. PHYSICIAN'S MIT AND COLORS AND 22e ADDRESS SOOD PERSHING DRIVE
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FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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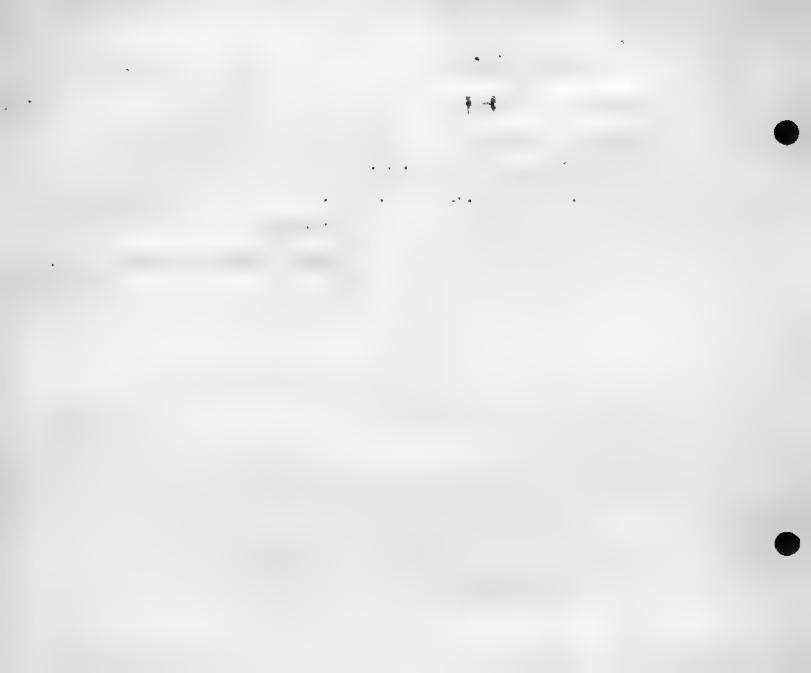
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/		11793	DIVISION OF VITAL RECORDS, 301	*	ORE, MARYLAND 21201	
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OR ATTENDING PHYSICIAN: The law requires that the death cert ficate be executed be refolined by the haspital ar altending physician.  SIRECTOR: After this certificate has been signed by the aftending physician and comple e.3 should be deflacted for use as the buriof-transit permit. Then please remove called with the State Dept of Health priar to bur all cremation, ar removal, and in any event		' hydroth	orax, bilateral			
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T a de sa de	183	210 ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	2 c. HOW INJURY OCCURRED (Enter no	ture of journey as Port 3 or Port 2	Dam 16)
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SCT P 4	230	BUR AL CREMATION, 23b.	DATE 231 NAME OF CEMETE	RY OR CREMATORY, A	3d LOCATION City or fown	(County) (State)
POSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be reformed by the hasp-tal ar attending physician to FUNERAL DIRECTOR: After this certificate has been signed by director page 3 should be delached for use as the burial-frashauld be filed with the State Dept of Health priar to bur al, cre	0	REMOVAL SPETY N &	17/68 (EDAR	Au (REM)	SUITLAND.	111
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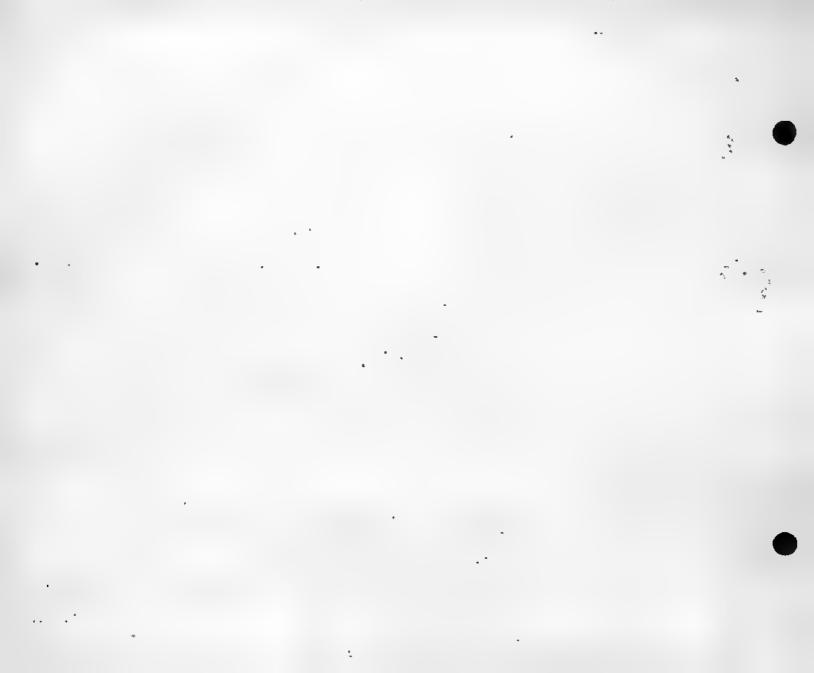


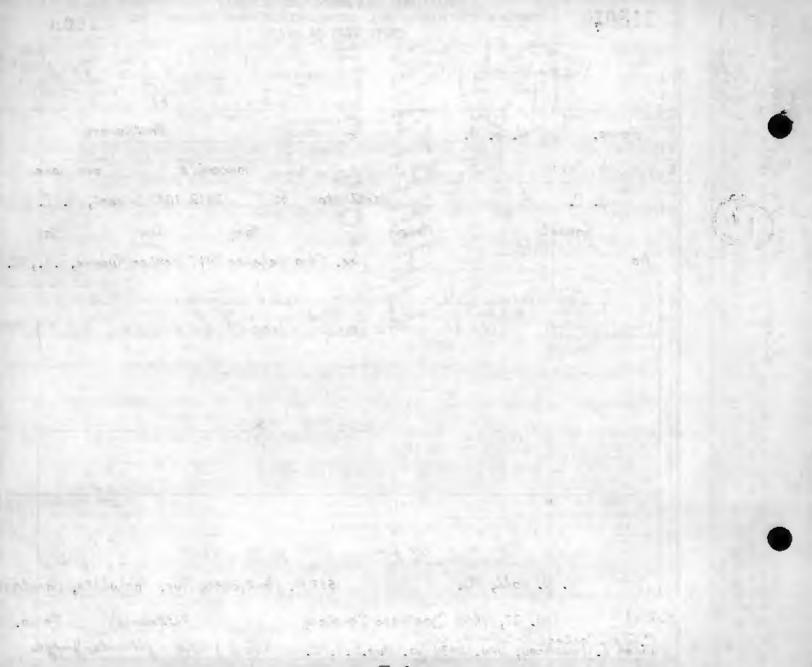
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FOR STATES		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED NAME 5 51 Middle 4051 20 DATE KNOWN MONTH OF ESTI- DEATH MATERIAL STORLESS MORLESS MORLESS STORLESS MORLESS MORLESS STORLESS MORLESS MORLESS STORLESS MORLESS MORLES MORLESS MORLES MORL	Ooy Year 25 MOJR
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Perty Office Office offer of	14.	FATHER'S NAME First Middle Lost S MOTHER'S MA DEN NAME First Middle	DST
	L	Timothy Collins Bridget Lane	
enthin 24 applied a pages 2 haurs	160	WAS DECEASED EVER NOS ARMED FORCES? Yes, no, or unknown) (If yes give word of defeas of service)  16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS Margaret Morley, Same Address	2002
dan dan 72			DTR.
73 2	1	18 CAUSE OF DEATH (Enter only one cuse per line for (a), (b), and (r))  PART I. DEATH WAS CAUSED BY	BETWITE ONSIT AND OFATH
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o DEPUTY necessary the funeral 5 may be 0 FUNERAL	00	NAME Type  Bolden Reap  DEPHASING OF COLONY)  AREA GERMATON 236 DATE  236 NAME OF CEMETERY OF CREMATORY  236 OCATION ACITY OF TOWARD	8 / / 00
7 4 5	13	RENDVAL (Specify) 8-12-68 Hate of Steamers Or CREMATORY 230 OCATION City of Towns	Sperity State
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<b>10 H</b> € 0.0	<b>5</b> 문문왕		REMOVA ESCH Fal	8-14-68 For	rest Cak	Gaitnersburg	Montg. Md.
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